



National Highway Traffic Safety Administration

## Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE (800) 424-9393 Wash, D.C. Area 366-0123



U.S. Department of Transportation

National Highway Traffic Safety

## CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU \_\_03\_

Administration

CASE NO. \_73-C\_

TYPE OF ACCIDENT Angle -impact

## A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

Vehicle #1 was headed south-east at impact. Vehicle #1 intially drove to the left lane from the right side of the trafficway (from the parking lane) and was struck about the left plane by vehicle#2. Both traveled south-east. Vehicle #1 struck/knocked down a traffic control pole at the southern median. Vehicle continued southeast and came to final rest in the parking lane of the north-bound trafficway.

		B. VEHIC	LE PROFILE	S)	
Vahiala	Class		Most Seve Based on Vehi		
Vehicle No.	of Vehicle	Year/Make/Model	Damage Plane	Severity Description	Component Failure
1	sub-compact	   1994 Mazda/Proteg	e L. plane	major	B Piller
2	larg <b>e</b> est	1977 Chev/Impala	Frontal	minor	none
			,		·
			'		

			C. PE	RSON PROFIL			
Vehicle		Seat	Restraint		Most : (TO BE COMPLE	Severe TED BY	Injury ZONE CENTER)
No.	Role	Position	Use	Body Region	Injury Type	AIS	Injury Source
1	d <b>riv</b> er	L. front		chest	faction faction Continued	5	side
2	driver	L. front	none	chest albor shoulder	fictew	2	Steering wheel  B instrument pand  car seat
3	passager	R. front	none	celbor	Condusion	/	D'instrument pand
4	passager	L. rear	none	shoulder	Continued	1	car seat
	1						
				,			

#### **Body Region**

Abdomen Ankle-foot Arm (upper)

Back-thoracolumbar spine

Brain
Chest
Ears
Eye
Elbow
Face
Forearn

Forearm Head — skull Heart

Kidneys Knee Leg (lower)

Liver
Lower limbs(s) (whole or unknown part)

Mouth

Neck-cervical spine

Nose

Pelvic -- hip

Pulmonary-lungs

Shoulder Spleen Thigh

Thyroid, other endocrine gland Upper limb(s) (whole or unknown

part) Vertebrae Whole body Wrist—hand

#### Injury Type

Abrasion Amputation Avulsion Burn Concussion Contusion Crush

Detachment, separation

Dislocation

Fracture

Fracture and dislocation

Laceration Other

Perforation, puncture

Rupture Sprain Strain

Total severance, transection

Unknown

## Abbreviated Injury Scale

(1) Minor injury

(2) Moderate injury

(3) Serious injury

(4) Severe injury

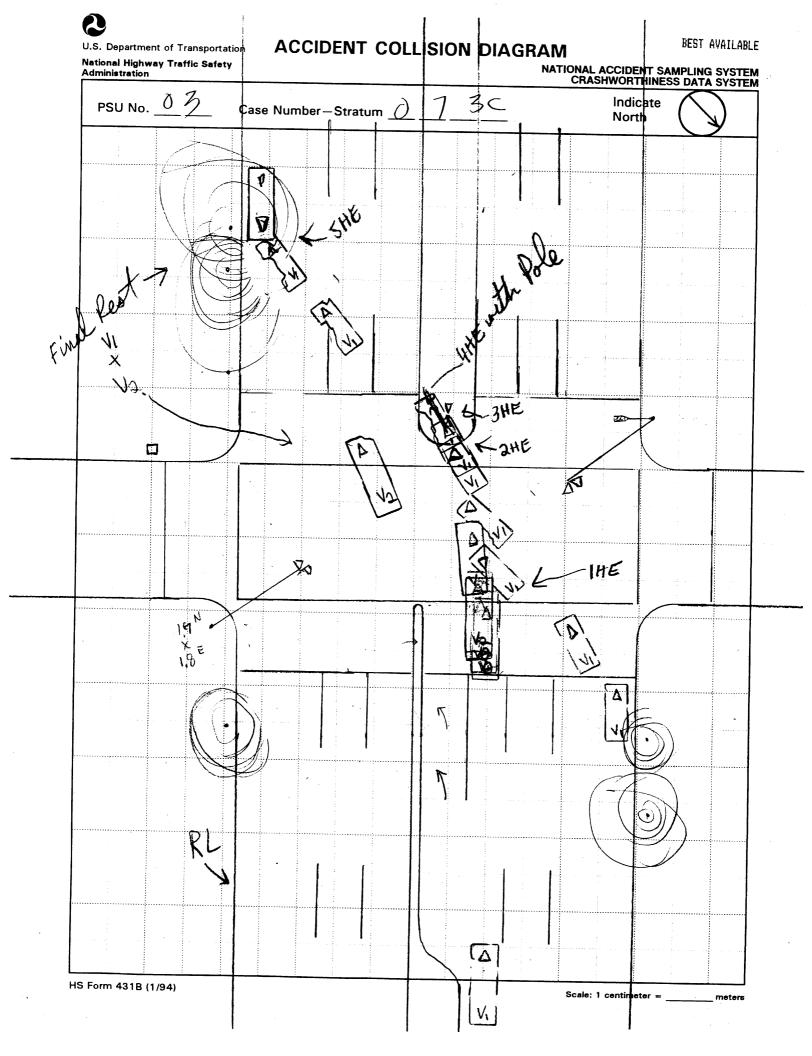
(5) Critical injury

(6) Maximum (untreatable)

(7) Injured, unknown severity

#### DO NOT SANITIZE THIS FORM

8 1				is	Pa	p Back	<i>y.</i>		
	U.S. Departmen	nt of Transportation	ACCIDENT			DIAGRAM		BEST AVAI	LABLE
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National Highway Traffic Safety Administration

# ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 0 Case Number—Stratum () **ACCIDENT COLLISION DIAGRAM** LEVEL II (Cont'd) **CRASH DATA** PHYSICAL EVIDENCE ABSENT physical evidence is present: VEH. #1 VEH. #2 VEH. #3 To be accomplished when there is no document reference point and reference physical evidence present at the scene: line relative to physical features present Heading Angle at the scene \* approximate vehicle orientation at impact and final rest scaled documentation of all accident induced physical evidence applicable road/roadway delineation (e.g., Surface Type curbs/edge lines, lane markings, median scaled documentation of all roadside markings, pavement markings, etc.) objects contacted Surface \* applicable traffic controls (e.g., speed roadway surface type and condition of Condition applicable roadways north arrow placed on diagram grade measurements for all applicable Grade (v/h) roadways and at location of rollover Measurement sketch required initiation (between impact and final rest) scaled representations of the vehicle(s) at LEVEL II pre-impact, impact, and final rest based PHYSICAL EVIDENCE PRESENT upon either: Grade (v/h) Measurement In addition to the level I tasks noted above, a) physical evidence, or (at location of the following must be accomplished when rollover initiation) b) reconstructed accident dynamics Eastern Chr Reference Point: Reference line: Distance and Direction Distance and Direction Item from Reference Point from Reference Line

ltem	Distance and Direction from Reference Point	Distance and Direction from Reference Line

National Highway Traffic Safety Administration

## **ACCIDENT FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

2. Case Number - Stratum

## IDENTIFICATION

3. Number of General Vehicle Forms Submitted

4. Date of Accident (Month, Day, Year)



5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400

Unknown = 9999

6. SS15 Administrative Use

7. SS16 Pedestrian Crash Data Study

8. SS17 Impact Fires

9. SS18

10. SS19

## **SPECIAL STUDIES - INDICATORS**

Check (1) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

## **NUMBER OF EVENTS**

11. Number of Recorded Events in This Accident

Code the number of events which occurred the Children in this accident. Ast Review. 10

2nd Review:

## **ACCIDENT EVENTS**

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. 0	14. 0 1	15. <u>L</u>	160 _2	17. 0 5	18
19.	20	21. 0	22.	235	24. <u>6</u> 0	25
26. <del>2</del>	27	28	29	30	31. <u>()</u> _ ()	32. <u>/</u>
33.	34. <u>D</u> /	35. <u>0</u> <u>/</u>	36. <u>F</u>	37. <u>6</u> 3	38. <u>O O</u>	39. 🔿
40.	41. <u>O</u>	42. <u>O</u> ]	43. <u>T</u>	44. <u>45</u>	45. <u>0</u>	46. <u></u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

2na Reviews

# CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase  $\geq$  254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

# CODES FOR GENERAL AREA OF DAMAGE (GAD)

## CDS APPLICABLE AND OTHER VEHICLES

## D TDC APPLICABLE EHICLES VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle Number

#### Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

#### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

## Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

#### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

28. Heading Angle For Other Vehicle

(0) Not collision (for highest delta V) with

tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree

(7) Pole replaced (8) Other (specify):

(9) Unknown

(6) Separated pole from base

gor} Cate-	Contigur- ation	ACCIDENT TYPES (Includes Intent)	
	A Right Roadside Departure	DRIVE OFF CONTROL/ TRACTION LOSS WITH VEH., PED	04 05  SPECIFICS SPECIFICS ANIM. OTHER UNKNOWN
Single Driver	B Left Roadside Departure	DRIVE OFF CONTROL/ ROAD TRACTION LOSS WITH VEH., PED	08 10  SPECIFICS SPECIFICS ANIM. OTHER UNKNOWN
-	C Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ ANIMAL DEPARTUR	SPECIFICS SPECIFICS UNKNOWN
unij Áran	D Rear-End	20 22 24 28 28 29 3 3 3 27 27 3 3 3 3 3 3 3 3 3 3 3 3 3 3	29 (EACH + 32) (EACH + 33)
II. Same Traffikway Samk Directom	E Forward Impact		D COLLISION SPECIFICS SPECIFICS UNKNOWN
	F Sideswipe Angle	44 45 46 (EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN
ay Tuon	G Head-On	50 51 (EACH • 52) (EACH • 53)  SPECIFICS  LATERAL MOVE OTHER SPECIFICS I	
Saine Trafficway Oppiwite Direction	H Forward Impact		(EACH • 62)(EACH • 63) D COLLISION SPECIFICS OTHER UNKNOWN
<b>=</b>	l. Sideswipe <sup>e</sup> Angle	(EACH • 65) (EACH • 65)  SPECIFICS SPECIFICS (EACH • 67)	•
Change Trafficway Vehicle Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS	(EACH • 74) (EACH • 75)  8PECIFICS SPECIFICS OTHER UNKNOWN
IV. Change Vehicle	K. Turn Into Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTION	(EACH - 84) (EACH - 85) SPECIFICS SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	SPECIFICS OTHER	(EACH • 91)
VI Miscel- lareous	M. Backing Etc.		Accident Type own Accident Type npect

V	Ø	1
v	$\sim$	

Page 5

OTHER DATA	ny managaman agama	61. Rollover Initiation Object Contacted	$\bigcirc$
56. Driver's Zip Code			<u></u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territ Code actual 5-digit zip code (99999) Unknown	tories	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied  (0) No rollover (1) Wheels/tires	2
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	9	(2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown	<u>D</u>
(9) Unknown  58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	9.	<ul> <li>(O) No rollover</li> <li>(1) Roll right - primarily about the longitudinal axis</li> <li>(2) Roll left - primarily about the longitudinal axis</li> <li>(5) End-over-end (i.e., primarily about the lateral axis)</li> <li>(9) Unknown roll direction</li> </ul>	
(6) Ambulance (7) Fire truck or car		PRECRASH DATA	
(8) Other (specify):(9) Unknown		64. Pre-Event Movement (Prior to Recognition of Critical Event)	
ROLLOVER DATA  If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 bla  If GV24 (Rollover) = 0, then GV59-GV63 must equal  If GV24 = 9, then GV59-GV63 must equal 9.		(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle	G 
59. Rollover Initiation Type  (0) No rollover  (1) Trip-over  (2) Flip-over  (3) Turn-over  (4) Climb-over  (5) Fall-over  (6) Bounce-over  (7) Collision with another vehicle  (8) Other rollover initiation type specify):	0	(06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):	
60. Location of Rollover Initiation	<u> </u>	(98) No driver present (99) Unknown	
<ul> <li>(0) No rollover</li> <li>(1) On roadway</li> <li>(2) On shoulder—paved</li> <li>(3) On shoulder—unpaved</li> <li>(4) On roadside or divided trafficway median</li> <li>(9) Unknown</li> </ul>			

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

3) Wall 3) Building 3) Ditch or culvert 4) Ground 5) Fire hydrant 6) Curb 6) Bridge 7) Other fixed object (specify): 7) Unknown fixed object
D) Ditch or culvert D) Ground D) Fire hydrant D) Curb D) Bridge D) Other fixed object (specify): D) Unknown fixed object
) Ground 2) Fire hydrant 3) Curb 4) Bridge 3) Other fixed object (specify):
2) Fire hydrant 3) Curb 4) Bridge 3) Other fixed object (specify): 9) Unknown fixed object
3) Curb 4) Bridge 3) Other fixed object (specify):  O) Unknown fixed object
3) Curb 4) Bridge 3) Other fixed object (specify):  O) Unknown fixed object
B) Bridge B) Other fixed object (specify): D) Unknown fixed object
3) Other fixed object (specify): 3) Unknown fixed object
Unknown fixed object
·
ŕ
ion with Nonfixed Object
) Motor vehicle not in-transport
6) Animal
7)Train
3) Trailer, disconnected in transport
) Object fell from vehicle in-transport
Other nonfixed object (specify):
Unknown nonfixed object
3) Other event (specify):
2

National Highway Traffic Safety Administration	1	EXTERIOR VE	HICLE F	ORM	NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM					
1. Primary Sampling U	Jnit Number	03	3. Vehicl	e Number	01					
2. Case Number - Stra	atum	<u>073C</u>	i							
VEHICLE IDENTIFICATION										
VIN JM I B Vehicle Make (specify):		•	The state of the s		Model Year <u>94</u>					
LOCATOR										
Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.										
Specific Impact No.	Loca	tion of Direct Damag	ge		Location of Field L					
1 2	270 cm	MIDDLE LEF	T=1=1		HOWLEFT PLANE					
3		~ RIGHT FROM			216HT FROMT WHEEL 44 cm END TO END					
<u> </u>	TOP	AND RIGHT REAR	COBMER		AND RIGHTREARCORNER					
5	RUGHT	FRONT CORNE	E&_	RI	GHT FROMT CORNER					

**CRUSH PROFILE IN CENTIMETERS** 



National Highway Traffic Safety Administration

## **EXTERIOR VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Prima	ry Sampling Unit Nu	mber		<u></u>	. Vehicl	e Numb	er				<u> </u>
2. Case	Number - Stratum	0	730							7	`
,			VEHICLE	IDENT	FICAT	ION				<u> </u>	
VIN J	MIBG	224		Ø				Į	Model \	'ear 🤦	4
Vehicle Ma	ake (specify):	MAZ	-da		Vehicle	Model (	specify):	: Pro	tege	<u> </u>	X
LOCATOR											
	e end of the damage amaged axle for side		ct to the vel	hicle lon	gitudina	l center	line or l	oumper	corner f	or end i	mpacts
	mpact No.		of Direct D	amage ,			L	ocation	of Field	L	
		\ \ \( \tau^2 \)	270 Y	nidake	Tolt	34	0 4	lt 1	Plan	0	_
	2 4	50 com	R) FRE	int	-0	146	t_E	Ha 1	OEX	d	
	3 R	) Tox	5 /R	Pur	uK.			1			
		CRU	SH PROF	LE IN	CENTI	METER	S		140		
	dentify the plane at				e taken	(e.g., at	bumpe	r, above	e bumpe	r, at sill	, above
5	sill, etc.) and label a	djustments	(e.g., free s	space).							*
1	Measure and document on the vehicle diagram the location of maximum crush.										
	Measure C1 to C6 fr	om driver t	o passengei	r side in	front or	rear im	pacts a	nd rear t	to front	in side	
i	mpacts.										
F	Free space value is o	defined as t	he distance	betwee	n the ba	seline a	nd the	original	body co	ntour ta	iken at
S	the individual C locati side taper, etc. Rece	tions. This ord the valu	may include le for each	e the fol C-measu	lowing: irement	bumper and ma	lead, b ximum	umper t crush.	aper, sid	de protr	usion,
1	Jse as many lines/co	nlumne ae n	acessary to	describ	e each	damada	profile				
Specific		Direct C		1	e each (	Jamaye	prome.	1			Π
Impact	Plane of Impact C-Measurements	Width	Max	Field	C <sub>1</sub>	C <sub>2</sub>	C³	C₄	C <sub>6</sub>	C <sub>6</sub>	±D
Number	(N) DC	(CDC)	Crush	340,	6.5	72	24	140	10	00	
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## **ORIGINAL SPECIFICATIONS WORK SHEET**

Wheelbase	98.4	inches	x	2.54	=	2 4 9.9 cm
Overall Length	171.5	inches	х	2.54	=	$\frac{435.6}{\text{cm}}$
Maximum Width	<u>65.9</u>	inches	х	2.54	=	_1 <u>6</u> 7 cm
Curb Weight	2,388	pounds	Х	.4536	=	1,083 kg
Average Track	56.4	inches	x	2.54	=	<u> </u>
Front Overhang		inches	X	2.54	=	cm
Rear Overhang		inches	X	2.54	=	cm
Undeformed End Width	· · · · · · · · · · · · · · · · · · ·	inches	X	2.54	=	1 5 2 cm
Engine Size: cyl./displ.	T4 1.8	сс	x	.001	=	<u> 1.8</u> L
		CID	х	.0164	=	L

# VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE
a. Rotation physically b. Tire
restricted deflated

RF A RF A RR A LR A

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

## **ORIGINAL SPECIFICATIONS**

250, cm Wheelbase 436, cm Overall Length Maximum Width Curb Weight kg Average Track cm Front Overhang cm Rear Overhang cm 152 Undeformed End Width cm Engine Size: cyl./displ. 14 · 18 L

WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)

> RF ± \_\_\_ 0 LF ± \_\_\_ 0 RR ± \_\_\_ 0 LR ± \_\_\_ 0

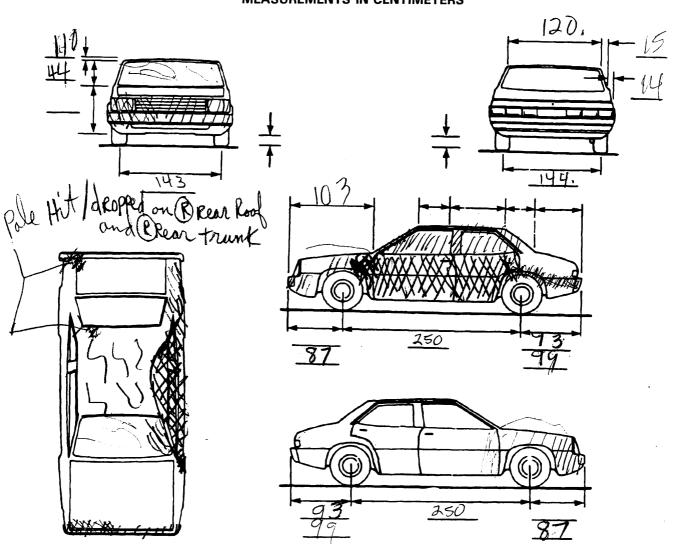
Within ± 5 degrees

DRIVE WHEELS

Ø FWD □ RWD □ 4WD

Approximate Cargo Weight  $\underline{ \mathcal{O} \ \mathcal{O} \ \mathcal{O} } _{\mathrm{kg}}$ 

## **MEASUREMENTS IN CENTIMETERS**



NOTES:

Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

	CDC	WORKSHEE	T
	CODES FOR	OBJECT CONT	ACTED
(01-30	Vehicle Number	(57)	Fence
			Wall
Noncol	ision		Building
(31)	Overturn - rollover		Ditch or culvert
(32)	Fire or explosion		Ground
(33)	Jackknife	(62)	Fire hydrant
(34)	Other intraunit damage (specify):		Curb
			Bridge
	Noncollision injury	(68)	Other fixed object (specify):
(38)	Other noncollision (specify):		
(00)	N	(69)	Unknown fixed object
(39)	Noncollision — details unknown	<b>.</b>	
Calliaia	With Fired Object		n with Nonfixed Object
	With Fixed Object		Motor vehicle not in-transport
	Tree (≤ 10 cm in diameter) Tree (> 10 cm in diameter)		Pedestrian
	Shrubbery or bush		Cyclist or cycle
	Embankment	(74)	Other nonmotorist or conveyance
(44)	Lindankiileitt	/7E\	Vehicle
(45)	Breakaway pole or post (any diameter)		Vehicle occupant Animal
(40)	breakaway pole or post (arry diameter)		Train
Nonhre	akaway Pole or Post		Trailer, disconnected in transport
	Pole or post (≤ 10 cm in diameter)	(70)	Object fell from vehicle in-transport
	Pole or post ( $\geq$ 10 cm but $\leq$ 30 cm in	(73)	Other nonfixed object (specify):
(0.7	diameter)	(00)	Other hornixed object (specify):
(52)	Pole or post (> 30 cm in diameter)	ر (89)	Unknown nonfixed object
	Pole or post (diameter unknown)	(00)	Chiche Wil Hollinged Object
	, , , , , , , , , , , , , , , , , , , ,	(98)	Other event (specify):
(54)	Concrete traffic barrier	(00)	Carter Count (opposity).
(55)	Impact attenuator	(99)	Unknown event or object
(56)	Other traffic barrier (includes guardrail)	(,	
	(specify):	_	
	DEFORMATION CLASS	SIFICATION BY	EVENT NUMBER
			(4) (5)
Accident	(1) (2)	;	Specific (6)
Event	Direction Incremental		ngitudinal Vertical or Type of (7)
Sequence Number	Object of Force Value of		r Lateral Damage Deformation
Number	Contacted (degrees) Shift	Location L	ocation Location Distribution Extent

Accident Event Sequence Number  O 1  O 2  O 2	Object Contacted  3 4 45 4 45 57 1	(1) (2) Direction of Force (degrees)  2550 0 0 0 9 9 9 9	Incremental Value of Shift  9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	Type of Damage Distribution  W N Y	Deformation Extent  D 4  () 1  9 9
								<del></del>
<del></del>								

		COLLISION	DEFORMA	TION CLAS	SSIFICATIO	N	
HIGHEST [	DELTA "V"						
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 1	5. <u>0</u> <u>2</u>	6. <u>0</u> <u>\$</u>	7. <u>L</u>	8.	9	10. <u>W</u>	11.04
Second High	ghest Delta "V" 23 13.	" 45 14. <u>\</u>	15	16	17. <u>E</u>	1st R	CODING DMANGA eview: FS Review:
		CRUS	H PROFILE	IN CENTIM	METERS		
			mage described below. (ALL M				d
HIGHEST D	ELTA "V"			•			
20. 	21. 				C <sub>6</sub>	C <sub>6</sub>	22. ±D
340	000	003	020	<u> </u>	14 0	<u>00</u> ċ	<u> 123</u>
Second Hig	hest Delta "V"	,					
23. 	24. 			C <sub>4</sub>	С <sub>Б</sub>	C <sub>6</sub>	25. ±D
152	000	000	000	200 (	<u>0 010</u>	<u>07</u>	0 45
	s Documented Coded on The ed File?		Researcher's Ass of Vehicle Dispos O) Not towed do vehicle dama 1) Towed due to vehicle dama 9) Unknown	sition ue to ge o ge	(999) U	al Wheelbase _Code to the nearest centimet Jnknown	2 5 0 eer
		1		98	Hinches X 2 5	54 = 249!	entimeters

Yes, fire occurred (1) Minor (2) Major (9) Unknown  31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment (8) Other location (specify): (9) Unknown  32. Type of Fuel Tank-1  33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown  38. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, no seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): (9) Unknown		Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify):  (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified  Fire Occurrence (0) No fire	34. Fuel Tank-1 Location  35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear
(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown  32. Type of Fuel Tank-1  33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown  (1) Monamage to fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on right side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on left side plane (6) Over the center of the rear wheels (rear axle) on left side plane (8) Other (specify): (9) Unknown  38. Fuel Tank-2 Damage (9) No fuel tank (1) No damage to fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify):		<ul><li>(1) Minor</li><li>(2) Major</li></ul>	(7) Over center of the rear wheels (rear axle) (8) Other (specify):
	32.	<ul> <li>(0) No fire</li> <li>(1) Vehicle exterior (front, side, back, top)</li> <li>(2) Exhaust system</li> <li>(3) Fuel tank (and other fuel retention system parts)</li> <li>(4) Engine compartment</li> <li>(5) Cargo/trunk compartment</li> <li>(6) Instrument panel</li> <li>(7) Passenger compartment area</li> <li>(8) Other location (specify):</li> <li>(9) Unknown</li> <li>Type of Fuel Tank-1</li> <li>Type of Fuel Tank-2</li> <li>(0) No fuel tank (electrical vehicle)</li> <li>(1) Metallic</li> <li>(2) Non-metallic</li> </ul>	37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): (9) Unknown  38. Fuel Tank-1 Damage  39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify):

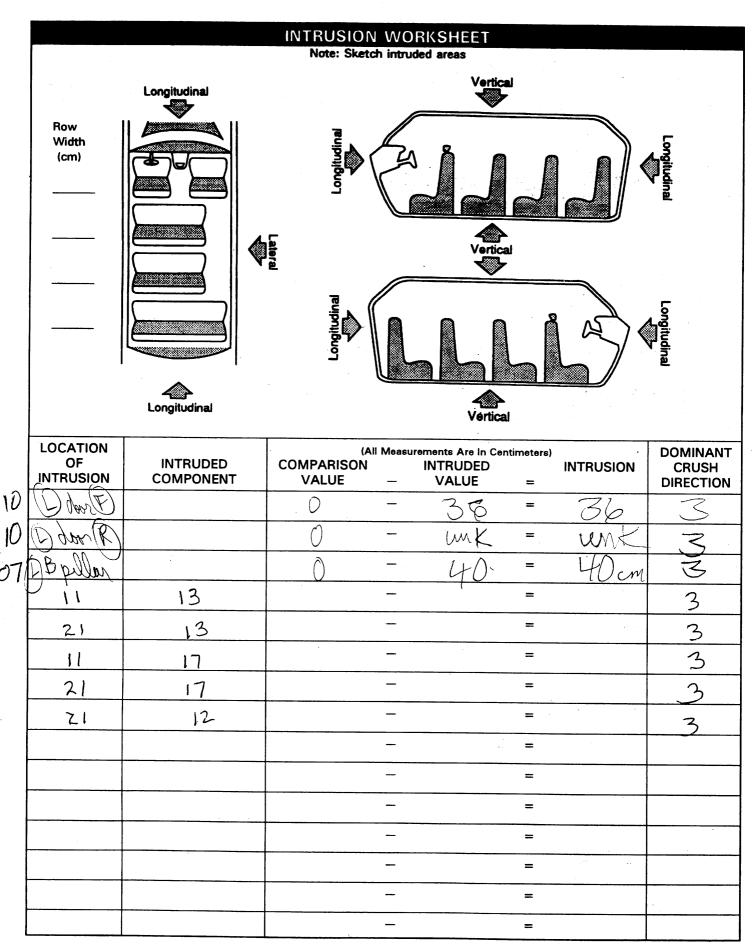
40. Location of Fuel System-1 Leakage	44. Is This Vehicle Equipped With More Than Two Fuel Tanks?
41. Location of Fuel System-2 Leakage	(0) No (one or two tanks only)
(0) No fuel tank	
(1) No fuel leakage	Yes - More Than Two Tanks
	(1) Yes no damage to any tank or filler
Primary Area Of Leakage	cap and <u>no fuel system leakage</u>
(2) Tank	(2) Yes no damage to any tank or filler
(3) Filler neck	cap but there is fuel system leakage
(4) Cap	(specify leakage location):
(5) Lines/pump/filter	
(6) Vent/emission recovery	(3) Yes damage to an additional tank or
(8) Other (specify):	filler cap and there is fuel system leakage
(b) Other (specify).	(specify the following):
(9) Unknown	
(9) Unknown	Type of tank
	Tank location
) <b>/</b>	Filler cap location
42. Fuel Type-1	Tank damage
	Location of leakage
43. Fuel Type-2	Type of fuel(9) Unknown if more than two tanks
	(9) Unknown if more than two tanks
Single Fuel Type	
(00) No fuel tank	
(01) Gasoline	
(02) Diesel	COMMENTS
(03) CNG (Compressed Natural Gas)	
(04) LPG (Liquid Petroleum Gas) also	
known as Propane	
(05) LNG (Liquid Natural Gas)	
(06) Methanol (M100 or M85)	
(07) Ethanol (E100 or E85)	
(08) Other (Hydrogen or others) (specify):	
Electric Powered or Electric/Solar	
Powered Vehicles	
(10) Lead Acid Battery	
(11) Nickel-Iron Battery	
(12) Nickel-Cadmium Battery	
(13) Sodium Metal Chloride Battery	
(14) Sodium Sulfur Battery	
(18) Other (Specify):	
(10) Other topechy).	
(98) Other Hybrid (specify):	
(99) Unknown fuel type	
(33) Olikilowii idei type	
*** STOP: IF THE CDS APPLICABLE VEHICLE V	VAS NOT TOWED AND WAS NOT AN AOPS ***
	•
(i.e., $GVO9 = 0$ OR 9 AND $GV36 = 0$ ), DO NO	T COMPLETE THE INTERIOR VEHICLE FORM.

National Highway Traffic Safety Administration

## **INTERIOR VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

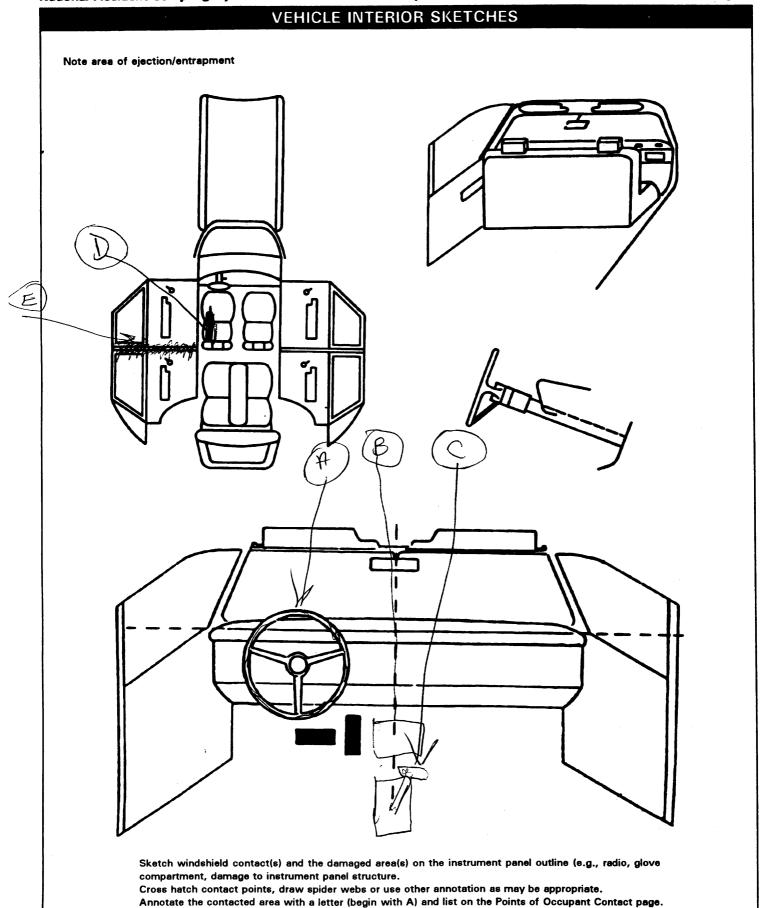
	GLAZING
1. Primary Sampling Unit Number	Glazing Damage from Impact Forces
2. Case Number - Stratum	15. WS 2 16. LF 4 17. RF 0 18. LR 6 19. RR 0
3. Vehicle Number	20. BL 0 21. Roof 8 22. Other 0
INTEGRITY	
4. Passenger Compartment Integrity (00) No integrity loss  Yes, Integrity Was Lost Through (01) Windshield (02) Door (side) (03) Door/hatch (back door) (04) Roof (05) Roof glass (06) Side window (07) Rear window (backlight) (08) Roof and roof glass (09) Windshield and door (side)	<ul> <li>(0) No glazing damage from impact forces</li> <li>(2) Glazing in place and cracked from impact forces</li> <li>(3) Glazing in place and holed from impact forces</li> <li>(4) Glazing out-of-place (cracked or not) and not holed from impact forces</li> <li>(5) Glazing out-of-place and holed from impact forces</li> <li>(6) Glazing disintegrated from impact forces</li> <li>(7) Glazing removed prior to accident</li> <li>(8) No glazing</li> <li>(9) Unknown if damaged</li> </ul> Glazing Damage from Occupant Contact 23. WS 24. LF 25. RF 26. LR 27. RR
(10) Windshield and roof (11) Side and rear window (side window and backlight)	28. BL 0 29. Roof 030. Other ()
(12) Windshield and side window (13) Door and side window (98) Other combination of above (specify): (99) Unknown  Door, Tailgate or Hatch Opening	(0) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact (3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by occupant contact (6) Glazing disintegrated by occupant contact (9) Unknown if contacted by occupant
5. LF $\frac{3}{2}$ 6. RF $\frac{1}{1}$ 7. LR $\frac{3}{8}$ 8. RR $\frac{1}{1}$ 9. TG/H $\frac{0}{1}$	If No Glazing Damage <i>And</i> No Occupant Contact or No
(0) No door/gate/hatch (1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision (3) Door/gate/hatch jammed shut (8) Other (specify):  (9) Unknown	Type of Window/Windshield Glazing 31. WS 32. LF 33. RF 34. LR 35. RR 36. BL 37. Roof 38. Other
Damage/Failure Associated with Door, Tailgate or Hatch	(0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated
Opening in Collision. If IV05-IV09 $\neq$ 2, Then code Ø 10. LF 11. RF 12. LR 13. RR 14. TG/H	(2) AS-2 — Tempered (3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic (8) Other (specify):
(0) No door/gate/hatch or door not opened	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision  (1) Door operational (no damage)  (2) Latch/striker failure due to damage  (3) Hinge failure due to damage  (4) Door structure failure due to damage  (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage  (6) Latch/striker and hinge failure due to damage  (8) Other failure (specify):	Window Precrash Glazing Status  39. WS 40. LF 41. RF 42. LR 43. RR  44. BL 45. Roof 46. Other  (0) No glazing contact and no damage, or no glazing (1) Fixed (2) Closed (3) Partially opened (4) Fully opened (9) Unknown



	OCCUPANT AREA INTRUSION				
				LA INTRUSION	
			INTRUDING COMPONENT		
·	Location of Intrusion	Intruding Magnitude Component of Intrusion	Dominant Crush Direction	Interior Components (01) Steering assembly (02) Instrument panel left	
1st	47. \	48. <u>6</u> <u>7</u> 49. <u>+</u>	50	(03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar	
2nd	51. <u>2</u>	52. 1 0 53. 4	543_	(07) B-pillar (08) C-pillar (09) D-pillar (10) Door panel (side)	
3rd	55	56 57	583	(12) Roof (or convertible top) (13) Roof side rail (14) Windshield (15) Windshield header	
4th	59. <u>9</u> 9	60. <u>9</u> 9 61. <u>9</u>	<del> </del>	(16) Window frame (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back	
5th	63	64 65		(20) Second seat back (21) Third seat back (22) Fourth seat back (23) Fifth seat back	
6th	67	68 69	70	(24) Seat cushion (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify):	_
7th	71	72 73	74	(27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar	_
8th	75	76 77	78	(30) Hood (31) Outside surface of this vehicle (specify):	
9th	79	80 81	82	(32) Other exterior object in the environment (specify):	-
10th	83	84 85	86	(98) Intrusion of unlisted component(s) (specify):	-
LOCAT	ION OF INTRI	USION		MAGNITUDE OF INTRUSION	
(1 (1 (1 Seco (2 (2	nt Seat 1) Left 2) Middle 3) Right ond Seat 1) Left 2) Middle	Fourth Seat (41) Left (42) Middle (43) Right (97) Catastrophi (98) Other encloarea (specif	sed	<ul> <li>(1) ≥ 3 centimeters but &lt; 8 centimeters</li> <li>(2) ≥ 8 centimeters but &lt; 15 centimeters</li> <li>(3) ≥ 15 centimeters but &lt; 30 centimeters</li> <li>(4) ≥ 30 centimeters but &lt; 46 centimeters</li> <li>(5) ≥ 46 centimeters but &lt; 61 centimeters</li> <li>(6) ≥ 61 centimeters</li> <li>(7) Catastrophic</li> <li>(9) Unknown</li> </ul>	
Third (3 (3)	3) Right d Seat 1) Left 2) Middle 3) Right	(99) Unknown		DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown	

(All	Measurements Are in Centime	ters)	
COMPARISON VALUE -	DAMAGE VALUE	=	DEFORMATION
<i>-</i>	10 cm	=	10cm
_		=	
<del>-</del>		=	
<del>-</del>		=	
to the state of th			
	•		

	STEERING COLUMN		93	Location of Steering Rim/Spoke	
07	Standing Column Tune	1	33.	Deformation	
0/.	Steering Column Type (1) Fixed column			(00) No steering rim deformation	
	(2) Tilt column			Quarter Sections	
	(3) Telescoping column (4) Tilt and telescoping column			(01) Section A	
	(8) Other column type (specify):			(02) Section B (03) Section C	
		<del></del>		(04) Section D	
	(9) Unknown			Half Sections	
				(05) Upper half of rim/spoke	
				(06) Lower half of rim/spoke (Upper) ( i g g g g) (17) Left half of rim/spoke (Lower) ( i g g g)	
				(08) Right half of rim/spoke	
88.	Blank (This variable is left blank	<u>X</u> X		(09) Complete steering wheel collapse	
	so that numbering consistency			(10) Undetermined location	ĺ
	can be maintained with the			(99) Unknown	
	1988-94 CDS.				
				INSTRUMENT PANEL	
89.	Blank	<u>x x x</u>	94.	Odometer Reading O O 9,000	
	(This variable is left blank so that numbering consistency			kilometers—Code to the	
	can be maintained with the			nearest 1,000 kilometers	
	1988-94 CDS.			(000) No odometer (001) Less than 1,500 kilometers	
				(500) 499,500 kilometers or more	
90	Blank	<u> </u>		(999) Unknown	
50.	(This variable is left blank	<u> </u>		Cera Knd & h. Y	
	so that numbering consistency can be maintained with the			S_5) $\underline{0}$ miles $\times 1.6093 = \underline{0} \underline{0} \underline{8}, \underline{8} \underline{6} \underline{7}$ kilometers	
	1988-94 CDS.			Source:	
			95.	Instrument Panel Damage from Occupant Contact?	
91.	Blank (This variable is left blank	<u> </u>		Occupant Contact? O	
	so that numbering consistency			(1) Yes	
	can be maintained with the			(9) Unknown	
	1988-94 CDS.		0E	Knee Bolsters Deformed from	
			<i>3</i> 0.	Occupant Contact?	
92.	Steering Rim/Spoke Deformation	1 0 cm		(0) No	
	്രം Code actual measured			(1) Yes (8) Not present	
	deformation to the nearest centimeter (00) No steering rim deformation			(9) Unknown	
	(01-14) Actual measured value in centim	neters			
	<ul><li>(15) 15 centimeters or more</li><li>(98) Observed deformation cannot be m</li></ul>	neasured	97.	Did Glove Compartment Door Open	
	(99) Unknown	.0000.00		During Collision(s)? (0) No	
				(1) Yes	
				(8) Not present (9) Unknown	



		POIN	TS OF OCC	CUPANT CONTA	СТ		
Conta	Interior Component act Contacted	Occupant No. If Known	Body Region If Known	Supporting P	hysical	Evidence	Confidence Level of Contact Point
Α	<b>O</b> (0	01	great 1	Loaded			1
В	10	01	(R) rong	Knocked	net of	PLAGO	1
С	14-57	01	(R) Him	deformed &	idlet	imsd	<del>'</del> ,
D	120	10	Anak	deformed	D. T.	Whlen	1
E	133	01	L) PHON	Jallan . all	A T	THAI AM	1
F			6	TO FORMER	Luw	ucho-n	
G			P				
Н							
1						*	
J		<u>~</u>					
K					*		
L							
M							
N							
		<u>-</u>		ERIOR COMPONENTS			l
(02) (03) (04) (05) (06)	Windshield Mirror Sunvisor Steering wheel rim Steering wheel hub/spok Steering wheel (combine of codes 04 and 05)	ation	(25) Left side w (26) Left side w one or more frame, wind B-pillar, or	rindow glass or frame rindow glass including e of the following: dow sill, A (A1/A2)-pillar, roof side rail.		Interior loose object	s pecify):
(08) (09) (10) (11)	Steering column, transm selector lever, other atta Add on equipment (e.g., deck, air conditioner) Left instrument panel an Center instrument panel a Glove compartment door	chment CB, tape d below RIG and below nd below	(28) Left side w GHT SIDE (30) Right side i excluding h		ROOF (50) (51) (52) (53) (54)	Front header Rear header Roof left side rail Roof right side rail Roof or convertible	top
(14)	Knee bolster Windshield including one of the following: front he A (A1/A2)-pillar, instrum mirror, or steering assem	e or more eader, ent panel,		· •	(57)	Floor (including toe Floor or console mo transmission lever, i console Parking brake handle	unted ncluding
(15)	side only) Windshield including one of the following: front he A (A1/A2)-pillar, instrum mirror (passenger side or	o or more pader, ent panel, or	(36) Right side wone or more frame, wind B pillar, or a	window glass including s of the following: dow sill, A (A1/A2)-pillar, roof side rail.	(59)	Foot controls includi brake	ng parking
(16)	Driver side air bag compa	ertment		side object (specify):	(60) (61)	Backlight (rear wind Backlight storage ra	
	cover Passenger side air bag		(38) Right side v	vindow sill	(62)	Other rear object (sp	
(18)	compartment cover Windshield reinforced by object (specify): Other front object (speci	exterior	TERIOR (40) Seat, back (41) Belt restrair (42) Belt restrair	nt webbing/buckle		CONFIDENCE LEV	
LEFT SID	those of the Ed	5A6×	attachment			CONFIDENCE LEVE CONTACT POIN	

(specify):

(44) Head restraint system

compartment covers)

(45) Air bag (use codes "16" and "17"

for injuries sustained from air bag

(1) Certain.

(2) Probable

(3) Possible

(9) Unknown

LEFT SIDE

(20) Left side interior surface,

(22) Left A (A1/A2)-pillar

(21) Left side hardware or armrest

excluding hardware or armrests

## **AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

#### **AIR BAGS**

		Left	Right
F	Availability/Function		0
R	Deployment	Q	0
S   T	Failure		

#### Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

#### Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

#### Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

#### Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

### **AUTOMATIC BELTS**

		Left	Right
	Availability/Function	A	1
F	Use		
Ŕ	Туре	2	à
S	Proper Use	1	
	Failure Modes		*

## Automatic (Passive) Belt System Availability/Function

- (O) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts type unknown

### Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

## Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

## Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

#### Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

#### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

## Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

## MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
E	Availability	23	Ó	23
	Evidence of usage	25 99	00	DO 99
R	Used in this crash?	1 99	00	00-99
S	Proper Use	29	Ų	D-9
'	Failure Modes	Q 9	, 0	0 9
s	Availability	4	ろ こ	4
Ĕ	Evidence of usage	24	703	04
C	Used in this crash?	$\mathcal{O}$	0	0
Ň	Proper Use	9	Ó	Q
D	Failure Modes	Q	()	0
0	Availability	()	$\Omega$	
٢	Evidence of usage	$\mathcal{O}$	0	
Ĥ	Used in this crash?	Ω	Q	
E	Proper Use	Q	Q	
R	Failure Modes		0	7)

		46 -41 1	D-14 C	A !! . L !!!a
N	anual	(Active)	<b>Belt System</b>	Availability

- (0) None available
- Belt removed/destroyed
- Shoulder belt
- Lap belt
- Lap and shoulder belt
- (5) Belt available type unknown

#### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt
- destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

#### Manual (Active) Belt System Use

- (00) None used, not available, or belt
- removed/destroyed
- (O1) Inoperable (specify):
- Shoulder belt (02)
- (03)Lap belt
- (04)Lap and shoulder belt
- Belt used type unknown
- (80)Other belt used (specify):
- Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14)Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat -
- type unknown (18)Other belt used with child safety seat
- (specify): (99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

## Belt Used Improperly

- Shoulder belt worn under arm
- Shoulder belt worn behind back or seat
- (5)Belt worn around more than one person
- (6) Lap belt worn on abdomen
- Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

#### Manual (Active) Belt Failure Modes During Accident

- No manual belt used or not available
- No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- Upper anchorage separated
- Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEA	T FIELD ASSESSMENT
When a child safety seat is present enter the occupant' the occupant's number using the codes listed below.	s number in the first row and complete the column below Complete a column for each child safety seat present.

u	e occupant's number using	the codes list	ed below. C	omplete a colu	imn for each c	hild safety sea	at present.
0	ccupant Number	0	$\bigcirc$	0		0	
1	. Type of Child Safety Seat	$\partial$	0	0	0	0	
2	. Child Safety Seat Orientation	0	$\bigcirc$	0	$\bigcirc$	0	
3	. Child Safety Seat Harness Usage	0	0	0		0	0
4	Child Safety Seat Shield Usage	0	0	0	$\mathcal{O}$	0	Ö
5	Child Safety Seat Tether Usage	0	Ò	0	0	0	0
6	Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					
1.	Type of Child Safety Sea	t		3. Child Sat	fety Seat Harn	ess Usage	
	<ul> <li>(0) No child safety seat</li> <li>(1) Infant seat</li> <li>(2) Toddler seat</li> <li>(3) Convertible seat</li> <li>(4) Booster seat</li> <li>(7) Other type child safet</li> </ul>	ry seat (specif	y):	5. Child Sat Note: Op	fety Seat Shiel fety Seat Tetho tions Below A child safety so	er Usage are Used for V	ariables 3-5.
2.	(8) Unknown child safety seat type (9) Unknown if child safety seat used  Child Safety Seat Orientation (00) No child safety seat  Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify):  (09) Unknown orientation  Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify):  (19) Unknown orientation  Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify):		-	Not Desicon (01) Aft add (02) Aft (03) Chi har (09) Unla add (09) Unla (12) Har (19) Unla (19) Unla (29) Unla (99) U	gned with Har er market harred, not used er market harred safety seat ness/shield/tet (ness/shield/tet (ness	ness/Shield/Teness/shield/tetiness/shield/tetiness/shield/tetiness/shield/tethess/shield/Tethesther not used ther used therefore the used	her used after market er er used Shield/Tether er used sed
	<ul><li>(29) Unknown orientation</li><li>(99) Unknown if child safe</li></ul>						

## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	3	0	7
l R	Seat Type	01	100	01
S	Seat Performance	Q	0	0
	Seat Orientation		8	
S	Head Restraint Type/Damage			
E C	Seat Type	Ο'.	Ŏ	0
O N	Seat Performance			
D	Seat Orientation			j
Т	Head Restraint Type/Damage	Q	0	$\mathcal{O}$
H	Seat Type	$\mathcal{Z}$	Q	7)
R D	Seat Performance	$\delta$	0	Ö
	Seat Orientation	Ŏ	0	0
0	Head Restraint Type/Damage	Ø	0	$\bigcirc$
T H	Seat Type	À	$\mathcal{A}$	0
E	Seat Performance			Z)
R	Seat Orientation			

#### Head Restraint Type/Damage by Occupant at This **Occupant Position**

- No head restraints
- (1)
- Integral no damage Integral damaged during accident
- (3) Adjustable no damage
- (4) Adjustable damaged during accident
- (5)
- Add-on no damage Add-on damaged during accident (6)
- (8) Other Specify):
- Unknown

#### **Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- Pedestal (i.e., column supported) (08)
- (09) Other seat type (specify):
- (10)Box mounted seat (i.e., van type)
- (99) Unknown

## **Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

#### **Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- Other (specify):
- (9) Unknown

#### DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

	EJECTION/ENTRAPMENT DA	TA		
Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.				
EJECTION No [ Yes [ ] Describe indications of ejection and body parts involved in partial ejection(s):				
Occupant Number				
Ejection				
(Note on Vehicle Interior Sketch) Ejection Area				
Ejection Medium				
Medium Status				
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	(5) Integral structure (8) Other medium (specify): (9) Unknown  Medium Status (Immediately Prior		
(1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (1) Open (2) Closed (3) Integral structure (9) Unknown			
· ·				
Component(s):				
(Note in vehicle interior diagram)				



## **OCCUPANT ASSESSMENT FORM**

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety
Administration

1. Primary Sampling Unit Number	OCCUPANT'S SEATING
2. Case Number - Stratum 0 7 3 C	10. Occupant's Seat Position
3. Vehicle Number	Front Seat (11) Left side
	(12) Middle (13) Right side
4. Occupant Number  OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant
<i>t 0</i>	•
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):	Second Seat (21) Left side (22) Middle (23) Right side
(97) 97 years and older (99) Unknown	(24) Other (specify):(25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
66 inches X 2.54 = $168$ centimeters	(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown	11. Occupant's Posture (0) Normal posture
250 pounds X .4536 = $1/3$ kilograms	Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	<ul> <li>(4) Sitting sideways or turned to talk with another occupant or to look out a rear window</li> <li>(5) Sitting on a console</li> <li>(6) Lying back in a reclined seat position</li> <li>(7) Bracing with feet or hands on a surface in front of seat</li> <li>(8) Other abnormal posture (specify):</li> </ul>
·	(9) Unknown

EJECTION/ENTRAPMENT			
grand amount of	2,		
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	15. Medium Status (Immediately Prior To Impact)  (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown		
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown		
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (5) Integral structure (8) Other medium (specify):  (9) Unknown			

	RESTRAINT SYST	EM EVALUATION
17.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):
	Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
	(8) Other belt (specify):	22. Air Bag System Deployment (0) Not equipped/not available
	(9) Unknown	(1) Air bag deployed during accident (as a result of impact)
18.	Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):	<ul> <li>(2) Air bag deployed inadvertently just prior to accident</li> <li>(3) Air bag deployed, accident sequence undetermined</li> <li>(4) Nondeployed</li> </ul>
	(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	<ul> <li>(5) Unknown if deployed</li> <li>(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</li> <li>(9) Unknown</li> </ul>
	<ul> <li>(12) Shoulder belt used with child safety seat</li> <li>(13) Lap belt used with child safety seat</li> <li>(14) Lap and shoulder belt used with child safety seat</li> <li>(15) Belt used with child safety seat—type unknown</li> <li>(18) Other belt used with child safety seat (specify):</li> <li>(99) Unknown if belt used</li> </ul>	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify):
19.	Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	(9) Unknown  Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
	<ul> <li>Belt Used Improperly</li> <li>(3) Shoulder belt worn under arm</li> <li>(4) Shoulder belt worn behind back or seat</li> <li>(5) Belt worn around more than one person</li> <li>(6) Lap belt worn on abdomen</li> <li>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):</li> </ul>	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified
	(8) Other improper use of manual belt system (specify):	(6) Child safety seat (7) Other or automatic restraint (specify):
	(9) Unknown	(8) Restrained, type unknown (9) Police indicated "unknown"
20.	Manual (Active) Belt Failure Modes  During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):	
	(7) Combination of above (specify):  (8) Other manual belt failure (specify):	
	(9) Unknown	
	(a) OHMIDAAH	

Natio	onal Accident Sampling System-Crashworthiness Da	
25.	Head Restraint Type/Damage by Occupant at This Occupant Position  (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):  (7) Combination of above (specify):
26.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify):  (10) Box mounted seat (i.e., van type) (99) Unknown	(9) Unknown

	CHILD S	AFETY	SEAT	
28.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat		Child Safety Seat Harness Usage Child Safety Seat Shield Usage	00
	(997) Other make/model (specify):  (998) Unknown make/model (999) Unknown if child safety seat used	N V	Child Safety Seat Tether Usage  Jote: Options below applicable to  Variables OA31-OA33.  OO) No child safety seat	0
29.	Type of Child Safety Seat  (0) No child safety seat  (1) Infant seat  (2) Toddler seat  (3) Convertible seat  (4) Booster seat  (7) Other type child safety seat (specify):  (8) Unknown child safety seat type  (9) Unknown if child safety seat used		Jot Designed With Harness/Shield/Teth O1) After market harness/shield/tether added, not used O2) After market harness/shield/tether O3) Child safety seat used, but no after harness/shield/tether added O9) Unknown if harness/shield/tether added or used Oesigned With Harness/Shield/Tether 11) Harness/shield/tether not used 12) Harness/shield/tether used	r used er market
30.	Child Safety Seat Orientation (00) No child safety seat  Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify):  (09) Unknown orientation  Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify):  (19) Unknown orientation  Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify):  (29) Unknown orientation  (99) Unknown if child safety seat used		19) Unknown if harness/shield/tether (Inknown If Designed With Harness/Shield) 21) Harness/shield/tether not used 22) Harness/shield/tether used 29) Unknown if harness/shield/tether 99) Unknown if child safety seat used	ield/Tether used

		the state of the s
	INJURY CONSEQUENCES	38. Working Days Lost 62
0.4	1	Code the number of days
34.	Injury Severity (Police Rating)	(up through 60) that the occupant
•	(O) O. No injury	lost from work due to the accident
	(0) O - No injury (1) C - Possible injury	(00) No working days lost
	(2) B - Nonincapacitating injury	(61) 61 days or more
	(3) A - Incapacitating injury	(62) Fatally injured
	(4) K - Killed	(97) Not working prior to accident
	(5) U - Injury, severity unknown	(99) Unknown
	(6) Died prior to accident	
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
		VARIABLES 39 THROUGH 43 ARE
35.	Treatment - Mortality	COMPLETED BY THE ZONE CENTER
	(0) No treatment (1) Fatal	
	(2) Fatal - ruled disease (specify):	30 Time to Death
	(2) ratar raica disease (specify).	39. Time to Death
		Code number of hours from time of
	Nonfatal	accident to time of death up through 24
	(3) Hospitalization	hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day =
	(4) Transported and released	31, 2 days = 32, n days = 30 +n up
	(5) Treatment at scene - nontransported	through 30 days = 60)
	(6) Treatment later	(00) Not fatal
	(8) Treatment - other (specify):	(96) Fatal - ruled disease
	(9) Unknown	(99) Unknown
	(9) Unknown	
		40. 1st Medically Reported Cause of Death
	Type Of Medical Facility (for Initial Treatment)	
	(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death
	(1) Trauma center (2) Hospital	
	(3) Medical clinic	42. 3rd Medically Reported Cause of Death 00
	(4) Physician's office	Code the Occupant Injury from line
	(5) Treatment later at medical facility	number(s) for the medically reported
	(8) Other (specify):	injury(s) which reportedly contributed to this occupant's death
		(00) Not fatal or no additional causes
	(9) Unknown	(96) Mode of death given but specific
		injuries are not linked to cause
<u> </u>	() ()	of death. (specify):
	Hospital Stay	<u></u>
	(00) Not Hospitalized	(97) Other result (includes fatal ruled
	Code the number of days (up through 60)	disease) (specify):
	that the occupant stayed in hospital. (61) 61 days or more	100)
	(99) Unknown	(99) Unknown
	, ,	,7
		43. Number of Recorded Injuries for
		This Occupant
		Code the actual number of
		injuries recorded for this occupant.
		(00) No recorded injuries
		(97) Injured, details unknown
		(99) Unknown if injured

Natio	nal Accident Sampling System-Crashworthines	s Dat	a Sy	stem: Occupant Assessment Form	Page 7
	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown  Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	<u>' †'</u>	48.	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not inc (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):	luded)
45.	<ul> <li>Automatic (Passive) Belt System Use</li> <li>(0) Not equipped/not available/destroyed or rendered inoperative</li> <li>(1) Automatic belt in use</li> <li>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):</li> <li>(3) Automatic belt use unknown</li> <li>(9) Unknown</li> </ul>		49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):	
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	2		(9) Unknown  Check the Primary Source Used In Determinit Use.	ng Belt
47.	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat  Automatic Belt Used Improperly	<u> </u> *		<ul> <li>[ ] Not equipped/not available/destroyed or rendered inoperative</li> <li>[ ] Vehicle inspection</li> <li>[ ] Official injury data</li> <li>[ ] Driver/occupant interview</li> <li>[ ] Other (specify):</li> </ul>	
	<ul> <li>(3) Automatic shoulder belt worn under arm</li> <li>(4) Automatic shoulder belt worn behind back</li> <li>(5) Automatic belt worn around more than one person</li> <li>(6) Lap portion of automatic belt worn on abdomen</li> <li>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):</li> <li>(8) Other improper use of automatic belt syste (specify):</li> <li>(9) Unknown</li> </ul>	m		[ ] Unknown if belt used	
	ARE ALL APPLICABLE MEDICAL REWITH INITIAL SUBMISSION?			INCLUDED NO [X YES [ ]	

# STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

# TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility)

(00) Not injured

(01) Injured - not treated at medical facility (02) No GCS Score at medical facility

- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured
- 51. Was the Occupant Given Blood?

(1) No - blood not given

(2) Yes - blood given (specify units):

(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO3

(00) Not injured

(01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO3

(96) ABGs reported, HCO3 unknown

(97) Injured, details unknown

(99) Unknown if injured

# **BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination

(0) Not equipped/not available/destroyed or rendered inoperative

Vehicle inspection

(2)Official injury data

(3)Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used Administration

U.S. Department of Transportation National Highway Traffic Safety

# **OCCUPANT INJURY FORM**

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

730

3. Vehicle Number

0/

2. Case Number - Stratum

073C

4. Occupant Number

01

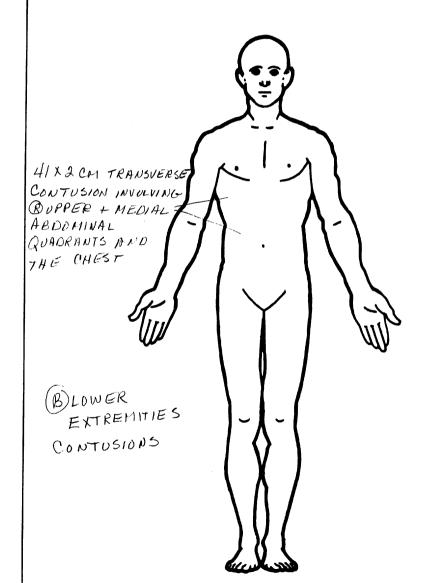
# **INJURY DATA**

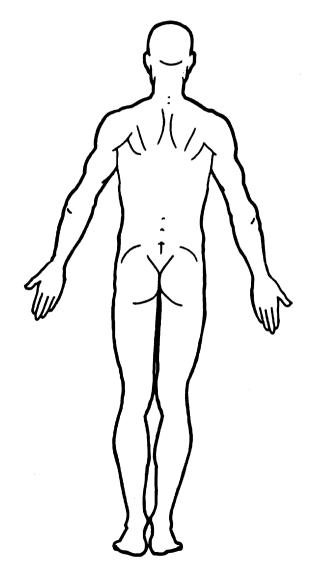
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S	90				Injury		Occupar
	Source of Injury	Body	Type of Anatomic	Specific Anatomic	Level of	A.I.S.		Injury	Source Confidence	Direct/ Indirect	Area Intrusio
	Data	Region	Structure	Structure	Injury	Severity	Aspect	Source	Level	Injury	Numbe
transe	tido	iorta	2	Δ 2	10	سي	,/		13/		
1st	5. /	6. <u>4</u>	7. <u>«</u>	8. 00	9. 70	10. 👱	11	12. <u>&amp;</u>	13. /	14. /1	15. <u>05</u>
lung	loce	ratio	ns,1	, ,/	50	,/	5	a	24	,	2 1
2nd 0	16. /	17. <u>4</u>	18. <u> <b>4</b></u>	9. / 7	20.	21. 7	22.	23.20	24. /	25. / 2	26. <u>03</u>
3rd	27	28. 2	29. <u>4</u> 3	10. <u>44</u>	31. 2 4	32. 🕹	33. 👱	34. <u>20</u>	35	36 3	17. <u>0 3</u>
rib f	ys,	1		•	, ,	سبر	4				
4th	38	39. <u>4</u>	40. <u>3</u> 4	11. <u>0</u> <u>d</u>	42. <u>le le</u>	43. <u>9</u>	44.3	45. 20	46	17. <u>/</u> 4	18. <u>0 3</u>
fy			ر	,							
U 5th	49. /	50. <u>6</u> !	51. <u>5</u> 5	52. <u>0 4</u>	53. <u>/</u> 6	54. <u>2</u>	55. 7	56.23	57	58 9	se. <u>0/</u>
Rif											
6th	60. 🗘	61.6	52. <u>5</u> 6	зз. <u>О</u> <u>4</u>	64. 16	65. 2	66. 7	67. <u>23</u>	68. 1	59. <u>/</u> 7	10. <u>0</u> /
hu											
7th	71. /	72. <u>6</u> :	73. <u>5</u> 7	14. <u>04</u>	75. <u>/6</u>	76. 2	77. 7	78.23	79 8	30. <u>/</u> 8	1.0/
ful											
<i>V  </i> 8th	82	83. <b>6</b>	84. <u>5</u> 8	15. <u>04</u>	86. 16	87. <u> </u>	88. 7	89. <u>2</u> <u>3</u>	90	91. 🖊	20/
O Res	t can	Tusi	m,								
9th	93. /	94. 4	95. <u>9</u> 9	16. <u>0</u> 4	97. 02	98. /	99.0	100. 20	101 10	02 10	3.0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mer										
				D7. 04	108. 02	109. / 1	110.	111.20	112 1	13. / 11	4.03
			<del></del>	<del></del>		-	-	<del></del>		<b>-</b>	

	•	·			OCCL	JPANT I	NJURY	DATA				
^		Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	leg		isjo	2	04	02	_/	2	30	<u>/</u>		03
(P)	12th	contu	sion.	2	04	02		_	09	2		00
	13th						_					
	14th									<del></del>		
	15th											<u> </u>
	16th		_					_		<del></del> .		
	17th		_					_				
	18th	_				<del></del>		· <u></u>				
	19th	_			<del></del>						_	
	20th							_	· ·			
-	21st				<del></del>					<del></del>	_	
	22nd	_					_			·		
	23rd					<del></del>		_		. ******		
	24th	_				<del></del>				<del></del>	**************************************	
	25th										· · · · · · · · · · · · · · · · · · ·	

ALL INJURIES FROM AUTOPSY





#### **SOURCE OF INJURY DATA OFFICIAL**

- (1) Autopsy records with or without hospital/
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency

#### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- Interviewee
- Other source (specify):
- (9) Police

#### **INJURY SOURCE**

#### **FRONT**

- (01) Windshield
- (02) Mirror
- Sunvisor (03)
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- Steering wheel (combination (06)of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

#### LEFT SIDE

- (20) Left side interior surface. excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- Right A (A1/A2)-pillar (32)
- Right B-pillar (33)
- Other right pillar (specify): (34)
- (35) Right side window glass or frame
- Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

#### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- Belt restraint B-pillar or door frame (42)attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- Air bag (use codes "16" and "17" for injuries (45)sustained from air bag compartment covers)
- (46)Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

#### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

#### **FLOOR**

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle (59) Foot controls including parking
- brake

# REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

#### **EXTERIOR of OCCUPANT'S VEHICLE**

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):\_
- (68) Unknown exterior objects

#### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75)Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78)Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

#### OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

## NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

#### INJURY SOURCE CONFIDENCE **LEVEL**

- (1) Certain
- (2) Probable Possible (3)
- (9) Unknown

### DIRECT/INDIRECT INJURY

- Direct contact injury
- (2) Indirect contact injury Noncontact injury
- Injured, unknown source (7)

# OCCUPANT INJURY CLASSIFICATION

#### **Body Region**

- Head
- Face Neck
- Thorax (4)
- (6) Abdomen Spine
- Upper Extremity
- (8) Lower Extremity Unspecified

## Type of Anatomic Structure

- Whole Area
- Vessels
- Nerves (4)Organs (includes muscles/ ligaments)
- Skeletal (includes joints) (6) Head - LOC

#### Specific Anatomic Structure

- Whole Area (02) Skin Abrasion (04) Skin Contusion
- (06) Skin Laceration (08) Skin - Avulsion
- Amputation (20) Burn
- Crush (30)
- (40)
- Degloving Injury NFS (50) Trauma, other than mechanical

- Head LOC (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

- Thoracic
- (06) Lumbar

Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- Minor injury
- (2) Moderate injury
- Serious injury Severe injury
- (4) (5) Critical injury
  Maximum (untreatable)
- (7) Injured, unknown severity

# Aspect

- (1)
- Right
- Bilateral
- Central (5) Anterior
- (6) (7) Posterior Superior
- (9) Unknown
- Whole region

# OFFICIAL INJURY DATA — SKELETAL INJURIES

# Restrained?



Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

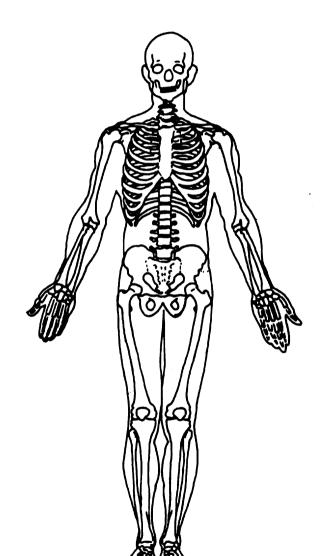
ALL INTURIES FROM AUTOPS

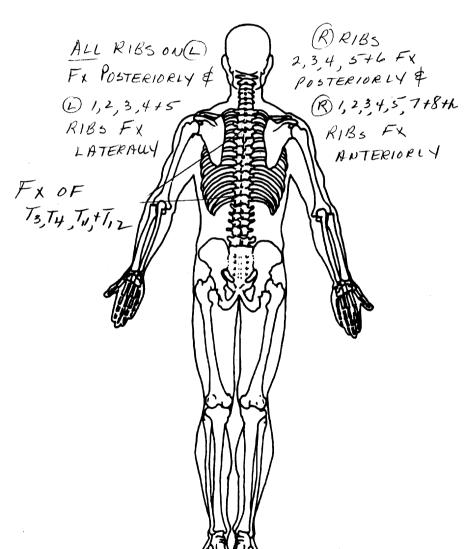
Blood Alcohol Level (mg/dl)

Glasgow Coma

Units of Blood Given

Arterial Blood Gases

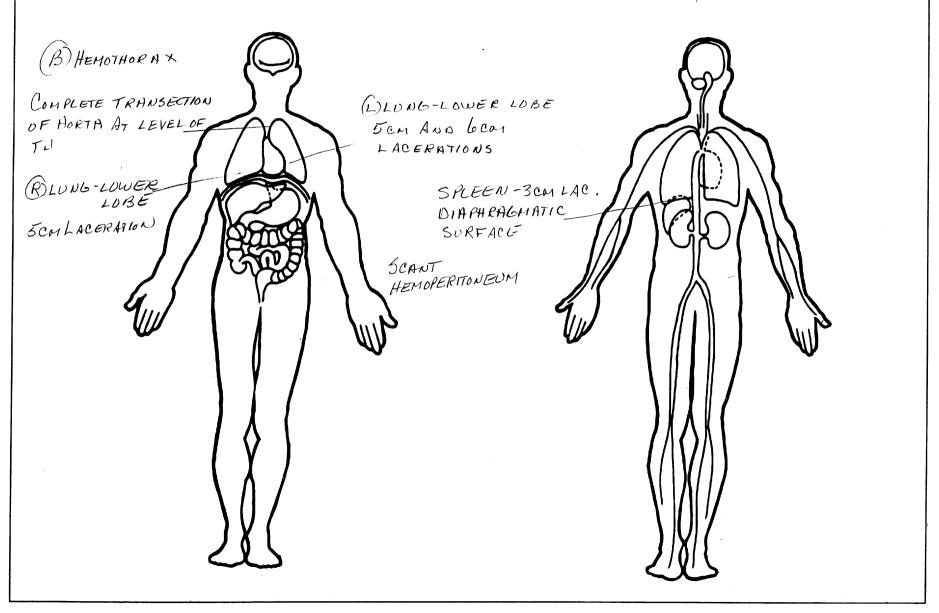




# OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ALL INJURIES FROM AUTOPSY



National Highway Traffic Safety

# **UPDATE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Administration		,	TOTAL DESIGNATION OF THE PERSON OF THE PERSO
Primary Sampling Unit Number     Case Number — Stratum	o 7 3 C	Driver or Occupant Name:	
3. Vehicle Number	0 1	Addiess.	
	$\frac{1}{2}$		
4. Occupant Number	1005	Other Information:	
RECEIVED	1995	(Sanitize this section prior t	o Undate submission l
			o opuate submission.,
S	TATUS OF LOG IN	JURY INFORMATION	
	INITIAL UPDATED SUBMISSION INFORMATION		medical,
OAL08. Date Official Medical Data	94	OAL18. Medical Facility Code	FOUMUNDS
Requested	aff	GV12. Alcohol Test Results For Driver	
OAL09. Date Official Medical Data	7 95	GV39. Other Drug Specimen Test	
Obtained	60 12	Type For Driver	<del></del>
OAL16. Injury Treatment Status			
OAL17. Injury Information			
Official a. Autopsy (invasive examination)	<u>B</u>		
<ul> <li>Post-ER medical record which includes information about death based on non-invasive examination</li> </ul>	<u>B</u>		
<ul> <li>Admission record/summary or admission/discharge face sheet</li> </ul>	<u>B</u>		
d. Discharge summary	<u>B</u>	,	1
e. Operative report	<u>B</u>	*	
<ul> <li>f. Radiographic record(s) (X-raγ, CT scan)</li> </ul>	<u>B</u>	~	
<ul> <li>g. History and physical examination and/or consultation records</li> </ul>	<u>B</u>		,
<ul> <li>h. Emergency room records (includes nurses' notes)</li> </ul>	<u>B</u>		
j. Private physician	<u>B</u>		
Unofficial			
k. Lay coroner	<u>B</u>		
I. EMS record	<u>B</u>		
m. Interviewee	<u>B</u>		
n. Other source (specify):	<u>B</u> B		
o. Police report	в 1 1 в		

V	a	2	
v	Y ,		

Page 2

	OCCUPANT RELATED	24. Rollover
17. N	Oriver Presence in Vehicle  O) Driver not present  1) Driver present  9) Unknown  Jumber of Occupants This Vehicle  O0-96) Code actual number of occupants for this vehicle  97) 97 or more  99) Unknown	24. Rollover (0) No rollover (no overturning)  Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):  ———————————————————————————————————
	Sumber of Occupant Forms Submitted 0 3	about the lateral axis) (9) Rollover (overturn), details unknown
	VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)
19. V	/ehicle Curb Weight	25. Front Override/Underride (this Vehicle)
20. V	10 kilograms. 045) Less than 450 kilograms 610) 6,100 kilograms or more 999) Unknown	26. Rear Override/Underride (this Vehicle)  (0) No override/underride, or not an end-to-end impact  Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):  Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):
(0	RECONSTRUCTION DATA  owed Trailing Unit  ) No towed unit	(7) Medium/heavy truck or bus override (9) Unknown
	1) Yes—towed trailing unit 9) Unknown	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
fc (C	ocumentation of Trajectory Data or This Vehicle D) No 1) Yes	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
(1 (2 (3 (4 (5 (7 (8	ost Collision Condition of Tree or Pole For Highest Delta V)  O) Not collision (for highest delta V) with tree or pole  1) Not damaged  2) Cracked/sheared  3) Tilted < 45 degrees  4) Tilted ≥ 45 degrees  5) Uprooted tree  6) Separated pole from base  7) Pole replaced  8) Other (specify):	27. Heading Angle For This Vehicle  28. Heading Angle For Other Vehicle

Cate- gory	Contigur-	ACCIDENT TYPES (Includes Intent)
	A Right Roadside Departure	DRIVE OFF CONTROL/ AVOID COLLISION SPECIFICS UNKNOWN
Single Driver	B Left Roadside Departure	DRIVE OFF CONTROL/ AVOID COLLISION SPECIFICS UNKNOWN
-	C Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ END SPECIFICS UNKNOWN
cway	D Rear-End	20 21 24 25 28 30 (EACH • 32) (EACH • 33)  STOPPED SLOWER DECEL. 27 31 SPECIFICS UNKNOWN  21, 22, 23 8, 33, 27 28, 39, 31 OTHER UNKNOWN
II Sane Trafficway Sank Direction	E Forward Impact	CONTROL/ TRACTION LOSS  38  39  40  41  1EACH • 42) IEACH • 43  TRACTION LOSS  AVOID COLLISION WITH VEH.  AVOID COLLISION WITH OBJECT  OTHER  UNKNOWN
	F Sideswipe Angle	44 45 45 (EACH - 48) (EACH - 49) SPECIFICS UNKNOWN OTHER
ay Tion	G Head-On	50 51 (EACH • 52) (EACH • 53)  SPECIFICS SPECIFICS UNKNOWN
Same Trafficway Oppiwite Direction	H Forward Impact	CONTROL/ TRACTION LOSS TRACTIO
Ξ	l. Sideswiper Angle	(EACH • 65) (EACH • 67)  SPECIFICS SPECIFICS UNKNOWN  LATERAL MOVE OTHER
Change Trafficway Vehicle Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL BAME DIRECTIONS  INVITAL OPPOSITE INITIAL BAME DIRECTIONS  EPECIFICS SPECIFICS OTHER UNKNOWN
IV. Change Vehicle	K. Turn Into Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTIONS OTHER UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	(EACH = 90) (EACH = 91) SPECIFICS SPECIFICS UNKNOWN OTHER
VI Miscel lancous	M. Backing Eic.	SE Other Accident Type OR OBJECT  BACKING VEH.  SS Other Accident Type OR ON O Impect

OTHER DATA	61. Rollover Initiation Object Contacted
56. Driver's Zip Code	or. Nonover initiation object contacted
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied  (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify):  (8) Non-contact rollover forces (specify):  (9) Unknown
(9) Unknown  58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	<ul> <li>(0) No rollover</li> <li>(1) Roll right - primarily about the longitudinal axis</li> <li>(2) Roll left - primarily about the longitudinal axis</li> <li>(5) End-over-end (i.e., primarily about the lateral axis)</li> <li>(9) Unknown roll direction</li> </ul>
(7) Fire truck or car (8) Other (specify):	PRECRASH DATA
	64. Pre-Event Movement (Prior to
(8) Other (specify): (9) Unknown  ROLLOVER DATA  If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	64. Pre-Event Movement (Prior to Recognition of Critical Event)  (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle
(8) Other (specify): (9) Unknown  ROLLOVER DATA  If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.	64. Pre-Event Movement (Prior to Recognition of Critical Event)  (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane

# CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 10 cm in diameter)	(68) Other fixed object (specify):
(42) Tree (> 10 cm in diameter)	, , , , , , , , , , , , , , , , , , ,
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	(,
	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 10 cm in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 10 cm but $\leq$ 30 cm in	(79) Object fell from vehicle in-transport
diameter)	(88) Other nonfixed object (specify):
(52) Pole or post (> 30 cm in diameter)	(observed object (opening)
(53) Pole or post (diameter unknown)	(89) Unknown nonfixed object
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(00, 00, 00, 00, 00, 00, 00, 00, 00, 00,
(54) Concrete traffic barrier	(98) Other event (specify):
(55) Impact attenuator	(co, constant (specific
(56) Other traffic barrier (includes guardrail)	(99) Unknown event or object
(specify):	



National Highway Traffic Safety

# **EXTERIOR VEHICLE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

<u>Idministration</u>	· · · · · · · · · · · · · · · · · · ·							CRAS	<u>HWORTHI</u>	NESS DAT	A SYSTE
1. Primai	ry Sampling Unit No	ımber	<u> </u>	3 :	3. Vehic	e Numb	er			<u>0</u>	2
2. Case	Number - Stratum	0	731								
			VEHICLE	IDENT	IFICAT	ION					
\(\alpha\)	1 129 1	7.1	2 14 1	6							1 7
VIN		$\frac{7}{0.0}$	7 1					_	Model `	Year	L
Vehicle Ma	ake (specify):	~WUUUX	era		Vehicle	Model (	specify)	:M	rpal	0	
			L	OCAT	OR						
	e end of the damage amaged axle for sid		ct to the ve	hicle lor	ngitudina	l center	line or l	bumper	corner f	or end i	mpacts
Specific I	mpact No.	Location	of Direct D	amage			L	ocation	of Field	<sub>ال</sub> د	
	. c	18 cm (k	1) half			1763	5 E	nd to	End		
			- V	)					· · · · ·	<del></del>	
		0.011	SH PROF		<u> </u>						
s N ii F ti	dentify the plane at sill, etc.) and label a Measure and docum Measure C1 to C6 f mpacts.  Free space value is the individual C locatide taper, etc. Rec	djustments  ent on the v  rom driver t  defined as to tions. This	(e.g., free s vehicle diag o passenger he distance may include	space). ram the r side in betwee e the fo	front or the ballowing:	of max rear im seline a bumper and ma	imum c pacts a and the lead, b	rush.  nd rear  original  umper t	to front body co	in side	iken at
ι	Jse as many lines/c			describ	pe each	damage	profile.				
Specific Impact Number	Plane of Impact C-Measurements	Direct D Width (CDC)	Damage Max Crush	Field L	\$	V C₂	C₃	C₄	С	C <sub>6</sub>	±D
•	Front Bunch	98,		1765	00	00	15	10.0	25.	50.0	
,	F/S			-	135	180	7	745	18.0	N55	
	vely (1)			141	00	0.0	0.0	5.5	17.	345	+49,
		1			19,5	1215	12.5	12,5	RS	25	
		brand	set i	4 L					100	ND	
	(0	537	(5)	L X							
					00	45	9.5	18,	293	47	+49

# ORIGINAL SPECIFICATIONS WORK SHEET

					~ ~ (5
Wheelbase	0.01/	inches	x 2.5	54 =	29 4 Cm
Overall Length	2147	inches	x 2.5	54 =	<u>5</u> 4 <u>5</u> cm
Maximum Width	- 19.1	inches	x 2.5	54 =	205 cm
Curb Weight	4,159	pounds	x .45	536 =	1,9 9 6, kg
Average Track	<u> 6   .3</u>	inches	x 2.5	54 =	1 5 5 km
Front Overhang		inches	x 2.5	54 =	cm
Rear Overhang	·	inches	x 2.5	54 =	cm
Undeformed End Width	$-\sqrt{\rho}$	inches	x 2.5	54 =	$\sqrt{2}$ cm
Engine Size: cyl./displ.	V8 305	сс	x .00	)1 =	L
		CID	x .01	164 =	L

# **VEHICLE DAMAGE SKETCH**

# TIRE-WHEEL DAMAGE

- a. Rotation physically b. Tire restricted deflated
  - RF RF
  - (1) Yes (2) No (8) NA (9) Unk.

# TYPE OF TRANSMISSION

□ Automatic ☐ Manual

# **ORIGINAL SPECIFICATIONS**

Wheelbase	295	cm
Overall Length	·545	cm
Maximum Width	201	cm
Curb Weight	1886.	kg
Average Track	1561	cm
Front Overhang	· · · · · · · · · · · · · · · · · · ·	cm
Rear Overhang		cm
Undeformed End Width	179.0	cm

Undeformed End Width

WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ±

Within ± 5 degrees

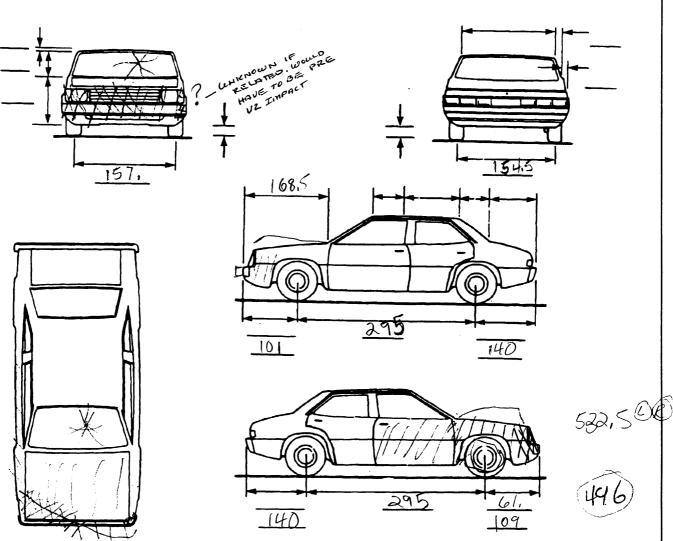
**DRIVE WHEELS** 

☐ FWD 🖼 RWD 🗆 4WD

**Approximate** Cargo Weight \_\_ O kg

# **MEASUREMENTS IN CENTIMETERS**

Engine Size: cyl./displ. V



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

			CDC	WORKSHE	ET			
		C	ODES FOR	OBJECT CO	NTACTED			
Noncoll (31) (32) (33)	Overturn — r Fire or explos Jackknife	ollover	(5 (5 (6 (6 (6	7) Fence 8) Wall 9) Building 0) Ditch o 1) Ground 2) Fire hyd 3) Curb	r culvert			
(35)	Noncollision i			(6	4) Bridge	ixed object (	specify):	
				(6	9) Unknov	vn fixed obje	ect	<del></del>
Collision With Fixed Object (41) Tree (≤ 10 cm in diameter) (42) Tree (> 10 cm in diameter) (43) Shrubbery or bush (44) Embankment  (45) Breakaway pole or post (any diameter)  Nonbreakaway Pole or Post (50) Pole or post (≤ 10 cm in diameter) (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) (52) Pole or post (> 30 cm in diameter) (53) Pole or post (diameter unknown)  (54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (includes guardrail) (specify):				Collision with Nonfixed Object (71) Motor vehicle not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance  (75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (79) Object fell from vehicle in-transport (88) Other nonfixed object (specify):  (89) Unknown nonfixed object (98) Other event (specify):				rt port
	* **	DEFORMAT	TION CLASS	IFICATION E	BY EVENT N	NUMBER	· · · · · · · · · · · · · · · · · · ·	
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
0 1	0	020	9 9	F	Z	E	$\overline{w}$	02
				***				
						<del></del>		
				<del></del>				
<del></del>				-				
								-
					-		<del></del>	

		COLLISION	DEFORMA	TION CLAS	SIFICATIO	N	
HIGHEST	DELTA "V"						
Accident Event Sequence Number	Object Contacted		(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 0	5	6. 0 1	7	8. Z	9. <u>E</u>	10. <u>W</u>	11.02
Second Hi	ghest Delta "V	· <b>n</b>					
12	13	14	15	16	17	18	19
		CRUS	H PROFILE	IN CENTIM	ETERS		
The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)							
HIGHEST	DELTA "V"						
20. L	21. C <sub>1</sub>				С <sub>Б</sub>		22. ±D
<u> 179</u>	<u>000</u>	605	010	018 0	30 O	<u>47</u> <u>e</u>	2049
Second Hi	ghest Delta "V	n					
23. 	24. 				Св	C <sub>6</sub>	25. <u>±</u> D
					· <del></del>		<del>-</del>
	s Documented Coded on The ed File?		Researcher's Ass of Vehicle Dispos O) Not towed du vehicle dama 1) Towed due to vehicle dama 9) Unknown	sition ue to ge o ge	(999) U	Wheelbase Code to the earest centime nknown	
		l					

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	0	34. Fuel Tank-1 Location
(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify):  (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified		35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear
30. Fire Occurrence (0) No fire  Yes, fire occurred (1) Minor (2) Major (9) Unknown	0	axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): (9) Unknown
<ul> <li>31. Origin of Fire <ul> <li>(0) No fire</li> <li>(1) Vehicle exterior (front, side, back, top)</li> <li>(2) Exhaust system</li> <li>(3) Fuel tank (and other fuel retention system parts)</li> <li>(4) Engine compartment</li> <li>(5) Cargo/trunk compartment</li> <li>(6) Instrument panel</li> <li>(7) Passenger compartment area</li> <li>(8) Other location (specify):</li> </ul> </li> <li>(9) Unknown</li> </ul>	1	36. Fuel Tank-1 Filler Cap Location  37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane
33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown		on left side plane  (7) Over the center of the rear wheels (rear axle) on right side plane  (8) Other (specify):  (9) Unknown  38. Fuel Tank-1 Damage  39. Fuel Tank-2 Damage  (0) No fuel tank  (1) No damage to fuel tank  (2) Deformed, no seam failure  (3) Deformed, with a seam failure  (4) Punctured  (5) Lacerated (ripped)  (6) Abraded (scraped)  (7) Filler neck separation from the fuel tank  (8) Other damage (specify):  (9) Unknown

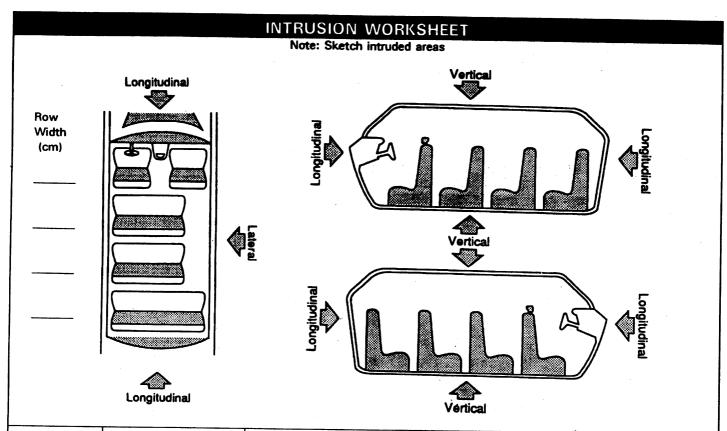
40. Location of Fuel System-1 Leakage	44. Is This Vehicle Equipped With More Than
41. Location of Fuel System-2 Leakage	Two Fuel Tanks? (0) No (one or two tanks only)
(0) No fuel tank	
(1) No fuel leakage	Yes - More Than Two Tanks (1) Yes no damage to any tank or filler
Primary Area Of Leakage	cap and no fuel system leakage
(2) Tank	(2) Yes no damage to any tank or filler
(3) Filler neck	cap but there is fuel system leakage
(4) Cap	(specify leakage location):
(5) Lines/pump/filter	
(6) Vent/emission recovery	(3) Yes <u>damage</u> to an additional tank or
(8) Other (specify):	filler cap and there is fuel system leakage
	(specify the following):
(9) Unknown	Type of tank
	Tank location
D 1	Filler cap location
42. Fuel Type-1	Tank damage
142 Evel Turn 2	Location of leakage
43. Fuel Type-2 <u>()</u> <u>()</u>	Type of fuel(9) Unknown if more than two tanks
Single Fuel Type	(9) Officiowith more than two tanks
(00) No fuel tank	
(01) Gasoline	
(02) Diesel	COMMENTS
(03) CNG (Compressed Natural Gas)	
(04) LPG (Liquid Petroleum Gas) also	
known as Propane	
(05) LNG (Liquid Natural Gas)	
(06) Methanol (M100 or M85)	
(07) Ethanol (E100 or E85)	
(08) Other (Hydrogen or others) (specify):	
Electric Powered or Electric/Solar	
Powered Vehicles	
(10) Lead Acid Battery	
(11) Nickel-Iron Battery	
(12) Nickel-Cadmium Battery	
(13) Sodium Metal Chloride Battery	
(14) Sodium Sulfur Battery	
(18) Other (Specify):	
(98) Other Hybrid (specify):	
(50) Other Trybha (specify).	
(99) Unknown fuel type	
*** STOP: IF THE CDS APPLICABLE VEHICLE W	VAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E. GV09=0 OR 9 AND GV36=0) DO NO	T COMPLETE THE INTERIOR VEHICLE FORM.
MEI, GVOO - O ON O AND GVOO - OJ, DO NO	. JOHN LETE THE NATIONAL VEHICLE FORMS.



National Highway Traffic Safety

# INTERIOR VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM

dministration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number	GLAZING
0 7 7 D	Glazing Damage from Impact Forces
2. Case Number - Stratum 0 1 6 1	15. WS <u>2</u> 16. LF <u>0</u> 17. RF <u>0</u> 18. LR <u>0</u> 19. RR <u>0</u>
3. Vehicle Number	20. BL 0 21. Roof 22. Other 0
. INTEGRITY	
4. Passenger Compartment Integrity (00) No integrity loss	<ul> <li>(0) No glazing damage from impact forces</li> <li>(2) Glazing in place and cracked from impact forces</li> <li>(3) Glazing in place and holed from impact forces</li> <li>(4) Glazing out-of-place (cracked or not) and not holed from impact forces</li> </ul>
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door) (O4) Roof (O5) Roof glass	(5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if damaged
(O6) Side window (O7) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)	23. WS 24. LF 25. RF 226. LR 227. RR 2
(10) Windshield and roof	28. BL29. Roof 0 30. Other
<ul> <li>(11) Side and rear window (side window and backlight)</li> <li>(12) Windshield and side window</li> <li>(13) Door and side window</li> <li>(98) Other combination of above (specify):</li> </ul>	(O) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact
Door, Tailgate or Hatch Opening  5. LF 6. RF 7. LR 8. RR 9. TG/H	<ul> <li>(3) Glazing in place and holed by occupant contact</li> <li>(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact</li> <li>(5) Glazing out-of-place by occupant contact and holed by occupant contact</li> <li>(6) Glazing disintegrated by occupant contact</li> <li>(9) Unknown if contacted by occupant</li> </ul>
(0) No door/gate/hatch (1) Door/gate/hatch remained closed and operational	If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø
(2) Door/gate/hatch came open during collision	
(3) Door/gate/hatch jammed shut (8) Other (specify):	Type of Window/Windshield Glazing
(9) Unknown	31. WS 32. LF 33. RF 33. RF 34. LR 35. RR 36. BL 37. Roof () 38. Other 3
Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø  10. LF 1. RF 12. LR 13. RR 14. TG/H	(0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted
(0) No door/gate/hatch or door not opened	(4) AS-14 — Glass/Plastic (8) Other (specify):
	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision (1) Door operational (no damage)	West B
(2) Latch/striker failure due to damage	Window Precrash Glazing Status
(3) Hinge failure due to damage (4) Door structure failure due to damage	39. WS <u> </u> 40. LF <u>O</u> 41. RF <u>0</u> 42. LR <u>O</u> 43. RR <u>O</u>
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage	44. BL 45. Roof
<ul><li>(6) Latch/striker and hinge failure due to damage</li><li>(8) Other failure (specify):</li></ul>	(0) No glazing contact and no damage, or no glazing
(9) Unknown	(1)' Fixed (2) Closed (3) Partially opened (4) Fully opened (9) Unknown



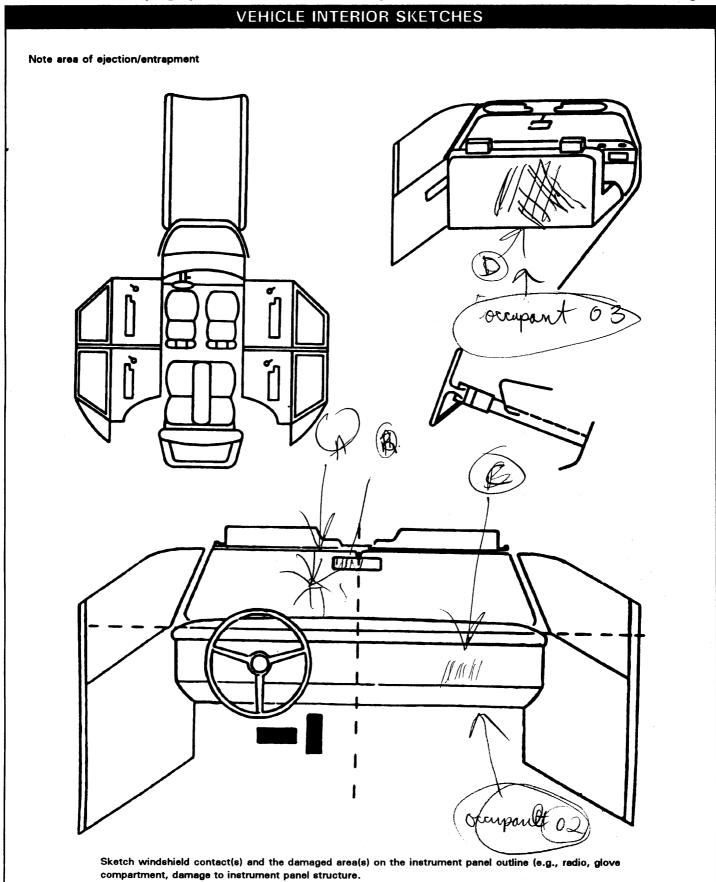
LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Meas COMPARISON VALUE —	urements Are In Centimeters) INTRUDED VALUE =	INTRUSION	DOMINANT CRUSH DIRECTION
		_	=		
		_	=		
	non	_	=		
	Jusibl	<u> </u>	=		
		_	=		
		_	=		
		_	=		
		<del>-</del>	=		
		_	. =		
		_	=		
		_	=		
		_	=		
		_	=		
			=		
		<del>-</del>	=		

			occu	PANT AF	REA INTRUSION			
Note	e: If no intrusion	ns, leave varia	bles IV47-IV	86 blank.	INTRUDING COMPONENT			
	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction	Interior Components (01) Steering assembly (02) Instrument panel left			
1st	47	18	2 Visib 49	50	(03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar			
2nd	51	52	53	54	(08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top)			
3rd	55	56	57	58	(13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame			
4th	59	60	61	62	(17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back			
5th	63	64	65	66	(21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion			
6th	67	68	69	70	(25) Back door/panel (e.g., tailgate) (26) Other interior component (specify):			
7th	71	72	_ 73	74	(27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar			
8th	75	76	_ 77	78	(30) Hood (31) Outside surface of this vehicle (specify):  (32) Other exterior object in the environment			
9th	79	80	81	82	(specify):			
10th	83	84	85	86	(specify):(99) Unknown			
Fro ( ( Sec	TION OF INTR ont Seat 11) Left 12) Middle 13) Right cond Seat 21) Left 22) Middle	Fourth (41) (42) (43)		sed	MAGNITUDE OF INTRUSION  (1) ≥ 3 centimeters but < 8 centimeters  (2) ≥ 8 centimeters but < 15 centimeters  (3) ≥ 15 centimeters but < 30 centimeters  (4) ≥ 30 centimeters but < 46 centimeters  (5) ≥ 46 centimeters but < 61 centimeters  (6) ≥ 61 centimeters  (7) Catastrophic  (9) Unknown			
() Thi: () ()	23) Right rd Seat 31) Left 32) Middle 33) Right	(99)	Unknown		DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown			

(All Measurements Are in Centimeters)						
COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION		
0	_	0	=	0		
$\bigcirc$	_	0	=	$\bigcap$		
0		0	=	Ö		
		0	=	0		
				·		

Page 3

STEERING COLUMN	93. Location of Steering Rim/Spoke
87. Steering Column Type	Deformation (00) No steering rim deformation
(1) Fixed column	
(2) Tilt column (3) Telescoping column	Quarter Sections (01) Section A
(4) Tilt and telescoping column	(02) Section B
(8) Other column type (specify):	(03) Section C (04) Section D
(9) Unknown	Half Sections
	(05) Upper half of rim/spoke
	(06) Lower half of rim/spoke (Upper Lower)
88. Blank	(08) Right half of rim/spoke
(This variable is left blank	(09) Complete steering wheel collapse
so that numbering consistency can be maintained with the	(10) Undetermined location (99) Unknown
1988-94 CDS.	
	INSTRUMENT PANEL
89. Blank X X	X X 94. Odometer Reading 50,000
(This variable is left blank	
so that numbering consistency can be maintained with the	kilometers—Code to the nearest 1,000 kilometers
1988-94 CDS.	(000) No odometer (001) Less than 1,500 kilometers
	(500) 499,500 kilometers or more
90. Blank X X	(999) Unknown
(This variable is left blank	174,635 miles x 1.6093 = kilometers
so that numbering consistency can be maintained with the	
1988-94 CDS.	Source:
	95. Instrument Panel Damage from /
91. Blank <u>X</u> 2	X X Occupant Contact?
(This variable is left blank so that numbering consistency	(1) Yes
can be maintained with the	(9) Unknown
1988-94 CDS.	OS Kras Poletora Deformed from
	96. Knee Bolsters Deformed from Occupant Contact?
92. Steering Rim/Spoke Deformation	(0) No (1) Yes
Code actual measured deformation to the nearest centimeter	(8) Not present
(00) No steering rim deformation	(9) Unknown
(01-14) Actual measured value in centimeters (15) 15 centimeters or more	97 Did Glove Compartment Door Open
(98) Observed deformation cannot be measu (99) Unknown	ured During Collision(s)?
(55) Challown	(0) No (1) Yes
	(8) Not present (9) Unknown
	(3) Olikilowii



Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

				CUPANT CONTA			
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting D	<b></b>		Confidence Level of Contact
A			POSS I BLE	Supporting P	nysicai	Evidence	Point
	01	01	HAND/HEGO	+ A A	<del></del>		
В	02	01	HAND/HEAD	out of Pi	ose	•	12
С		02	UPPER TORSO	deforme	0,		1.1
D	HD	03	UPPER TORSO	delorm	ad		
E				0		1.4	<del></del>
F						<del> </del>	
G							
Н							
11		·					
<u> </u>			-				
J							
K							
L							
M							
N						<del></del>	
(03) Sunv	risor ring wheel rim			indow glass or frame	(48)	Child safety seat (s	specify):
	ring wheel rim ring wheel hub/spol	(e		indow glass including of the following:	(49)	Other interior object	t (specify):
	ring wheel (combina ides 04 and 05)	ntion		dow sill, A (A1/A2)-pillar,			
	ring column, transm	ission	• •	roof side rail. ide object (specify):	ROOF		
	tor lever, other atta on equipment (e.g.,		(28) Late aids	:	(50)		
	on equipment (e.g., , air conditioner)	CB, tape	(28) Left side w	Indow sill	(51) (52)		
	instrument panel an		IGHT SIDE			Roof right side rail	+ *
	er instrument panel Linstrument panel a		(30) Right side is		(54)	Roof or convertible	top
	e compartment doo			ardware or armrests ardware or armrest	FLOOR		
(13) Knee	•		(32) Right A (A1		(56)	Floor (including toe	pan)
	shield including one		(33) Right B-pills		(57)	Floor or console me	ounted
	e following: front h 1/A2)-pillar, instrum		(34) Other right	pillar (specify):		transmission lever, console	including
mirro	r, or steering assen	•	-	vindow glass or frame	(58)	Parking brake hand	le
side (	only) Ishield including one	or more	~	vindow glass including of the following:	(59)	Foot controls include brake	ding parking
of the	e following: front h	eader,		low sill, A (A1/A2)-pillar,		DIGRO	
	1/A2)-pillar, instrum r (passenger side o	• •		oof side rail.	REAR	David Color to	
	r side air bag comp			side object (specify):	(60) (61)		-
cover	r enger side air bag		(38) Right side v	vindow sill	(62)	Other rear object (s	
	partment cover	11	ITERIOR				
	shield reinforced by	exterior	(40) Seat, back				
	t (specify): r front object (speci	fv)·	(41) Belt restrair (42) Belt restrair	nt webbing/buckle		CONFIDENCE	(E) OF
,.0, 001101		· y/·	attachment	•		CONFIDENCE LEV	
EFT SIDE				int system component			•
	side interior surface	•	(specify): (44) Head restra	int system		(1) Certain. (2) Probable	
	ding hardware or a			e codes "16" and "17"	1	(2) Probable	

(45) Air bag (use codes "16" and "17"

compartment covers)

for injuries sustained from air bag

(3) Possible

(9) Unknown

(21) Left side hardware or armrest

(22) Left A (A1/A2)-pillar

#### **AUTOMATIC RESTRAINTS** NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. **AIR BAGS** Left Right Availability/Function R Deployment S **Failure** Air Bag System Availability/Function Air Bag System Deployment Are There Indications of Air Bag (0) Not equipped/not available (0) Not equipped/not available System Failure? (1) Air bag (1) Air bag deployed during accident (0) Not equipped/not available (as a result of impact) Non-functional (2) Yes (specify): (2) Air bag deployed inadvertently just (2) Air bag disconnected (specify): prior to accident (3) Air bag deployed, accident sequence (9) Unknown (3) Air bag not reinstalled undetermined (9) Unknown (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown **AUTOMATIC BELTS** Left Right Availability/Function F Use R Type S **Proper Use Failure Modes** Automatic (Passive) Belt System Proper Use of Automatic (Passive) Belt Automatic (Passive) Belt Failure Modes Availability/Function **System During Accident** (0) Not equipped/not available (0) Not equipped/not available/not used (0) Not equipped/not available/not in use (1) 2 point automatic belts (1) Automatic belt used properly (1) No automatic belt failure(s) (2) Automatic belt used properly with (2) 3 point automatic belts (2) Torn webbing (stretched webbing not (3) Automatic belts - type unknown child safety seat included) (3) Broken buckle or latchplate Non-functional Automatic Belt Used Improperly (4) Upper anchorage separated (4) Automatic belts destroyed or (3) Automatic shoulder belt worn under (5) Other anchorage separated (specify): rendered inoperative arm (9) Unknown (4) Automatic shoulder belt worn behind (6) Broken retractor back Combination of above (specify): Automatic (Passive) Belt System Use (5) Automatic belt worn around more (8) Other automatic belt failure (specify): (O) Not equipped/not available/destroyed than one person or rendered inoperative (6) Lap portion of automatic belt worn (9) Unknown (1) Automatic belt in use on abdomen (2) Automatic belt not in use (manually (7) Automatic lap and shoulder belt or disconnected, motorized track automatic shoulder belt used inoperative) (3) Automatic belt use unknown with child safety seat (specify): (9) Unknown (8) Other improper use of automatic belt Automatic (Passive) Belt System Type system (O) Not equipped/not available (specify):

(9) Unknown

(1) Non-motorized system

(2) Motorized system (9) Unknown

# MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	H	3	U
	Evidence of usage	DE	03	04
	Used in this crash?	01	Ŏ.	00
	Proper Use		0	Ó
	Failure Modes		<b>A</b>	$\Lambda$
OZOOMO	Availability	3	3	55
	Evidence of usage	03	03	03
	Used in this crash?	0	0	6
	Proper Use	0	0	Ò
	Failure Modes	0	0	0
OT HER	Availability		0	0
	Evidence of usage	9	0	Ô
	Used in this crash?		$\mathcal{O}$	<del>\</del>
	Proper Use		0	<del>O</del>
	Failure Modes		7	$\overline{}$

- (O) None available
- Belt removed/destroyed
- Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

## Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt
- destroyed/removed) (7) Lap belt (shoulder belt
- destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

# Manual (Active) Belt System Use

- (00) None used, not available, or belt
- removed/destroyed (01) Inoperable (specify):
- Shoulder belt (02)
- (03) Lap belt
- (04)Lap and shoulder belt
- Belt used type unknown
- (08) Other belt used (specify):
- Shoulder belt used with child safety seat
- (13)Lap belt used with child safety seat
- (14)Lap and shoulder belt used with child safety seat
- Belt used with child safety seat -(15)
- type unknown
- (18)Other belt used with child safety seat (specify):
- (99) Unknown if belt used

### Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

#### Belt Used Improperly

- (3) Shoulder belt worn under arm
- Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- Broken buckle or latchplate
- Upper anchorage separated
- (5) Other anchorage separated (specify):
- **Broken retractor**
- Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT							
When a child safety seat is protection the occupant's number using	esent enter the the codes list	e occupant's i ted below. C	number in the omplete a col	first row and co umn for each c	omplete the co hild safety se	olumn below at present.	
Occupant Number	0		0	0	0		
Type of Child     Safety Seat	0	0	0	0	0	7	
2. Child Safety Seat Orientation	0		0	0	0		
Child Safety Seat     Harness Usage	0		0	()	0	0	
4. Child Safety Seat Shield Usage	0		0		0	1	
<ol><li>Child Safety Seat Tether Usage</li></ol>		0	0	0	0	0	
6. Child Safety Seat Make/Model		Speci	fy Below for E	Each Child Safe	ety Seat		
1. Type of Child Safety Sea	t		3. Child Sa	fety Seat Harn	ess Usage		
(0) No child safety seat (1) Infant seat			4. Child Sa	fety Seat Shiel	d Usage		
(2) Toddler seat			5 Child Sa	fety Seat Teth	or Hoose		
(3) Convertible seat (4) Booster seat			Note: O	otions Below A	re Used for V	ariables 3-5.	
(7) Other type child safe	ty seat (specif	y):	(00) No	child safety se	eat		
(8) Unknown child safety (9) Unknown if child safe		(01) Aft	gned with Har er market harn led, not used	ess/shield/tet	her		
2. Child Safety Seat Orienta		(02) Aft	<ul><li>(02) After market harness/shield/tether used</li><li>(03) Child safety seat used, but no after market harness/shield/tether added</li></ul>				
(00) No child safety seat		har					
Designed for Rear Facing This Age/Weight			(09) Unknown if harness/shield/tether added or used				
(01) Rear facing							
(02) Forward facing (08) Other orientation (sp		Designed	d With Harness ness/shield/tet	/Shield/Tether	<b>r</b> `		
(09) Unknown orientation	_	(12) Hai	rness/shield/tet	her used			
			(13) (11	known if harne	ss/snieia/tetn	er used	
Designed for Forward Fac Age/Weight	ing for This		Unknow	n If Designed V ness/shield/tet	Vith Harness/	Shield/Tether	
(11) Rear facing		(21) Hai	ness/shield/tet	ner not usea :her used			
(12) Forward facing (18) Other orientation (sp	ecify):		(29) Unl	known if harne	ss/shield/teth	er used	
(19) Unknown orientation	_	(99) Unl	known if child	safety seat us	sed		
Unknown Design or Orien Age/Weight, or Unknown (21) Rear facing	tation For This Age/Weight	<b>S</b>	6. Child Sat (Specify	ety Seat Make make/model ai	e/Model nd occupant n	iumber)	
(22) Forward facing (28) Other orientation (sp	ecify):						
(29) Unknown orientation	•						
(99) Unknown if child sat	ety spat used						
(55, Similowii ii Giniu Sdi	ory 35at USEO		<u> </u>			<u> </u>	

# **HEAD RESTRAINTS/SEAT EVALUATION**

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F R S	Head Restraint Type/Damage	3	0	3
	Seat Type	03	82	02
	Seat Performance	1	5	5
	Seat Orientation			
S	Head Restraint Type/Damage	D	7)	2)
E C	Seat Type	03	22	02
O N	Seat Performance		1	1
Ď	Seat Orientation			1
Т	Head Restraint Type/Damage	0	0	0
H R	Seat Type	0	Ö	0
	Seat Performance	0	6	0
D	Seat Orientation		0	0
O T H E R	Head Restraint Type/Damage	Ŏ	()	0
	Seat Type	0	0	0
	Seat Performance	0	Ō	0
	Seat Orientation	()	()	0

## Head Restraint Type/Damage by Occupant at This **Occupant Position**

- No head restraints
- (1) Integral no damage
   (2) Integral damaged during accident
- (3) Adjustable no damage
   (4) Adjustable damaged during accident
- (5) Add-on no damage
- (6) Add-on - damaged during accident
- (8) Other Specify):
- Unknown

### **Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- **Bucket** (01)
- (02)Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- Split bench with separate back cushions (06)
- (07)Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

# Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- No seat performance failure(s)
- Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- Seat tracks/anchors failed
- Deformed by impact of occupant Deformed by passenger compartment
- intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

# **Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- Other (specify):
- (9) Unknown

# DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA  Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.  EJECTION No [X] Yes [ ]				
Describe indications of ejection an	d body parts involved in par	tial ejection	(s):	
Occupant Number				
Ejection				
(Note on Vehicle Interior Sketch) Ejection Area				
Ejection Medium				
Medium Status				
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown  Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown  Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):		(5) Integral structure (8) Other medium (specify):  (9) Unknown  Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown	
ENTRAPMENT No [ Yes  Describe entrapment mechanism:	s [ ]			
Component(s):				
Note in vehicle interior diagram)				



# **OCCUPANT ASSESSMENT FORM**

Form Approved
O.M.B. No. 2127-0021

National Highway Traffic Safety
Administration
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1 Drivery Compliant Heir Number	OCCUPANT'S SEATING
1. Primary Sampling Unit Number	10. Occupant's Seat Position
2. Case Number - Stratum	Front Seat
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number	(13) Right side (14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):  (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 61 inches X 2.54 = 170 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant  (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown	11. Occupant's Posture (0) Normal posture
230pounds X .4536 = 10 4kilograms  9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJE	CTION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u>6</u>	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown		16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):	0	-
(8) Other medium (specify): (9) Unknown		

	RESTRAINT SYS	TEM EVALUATION
17.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):
e e	Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
18.	(8) Other belt (specify):  (9) Unknown  Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify):  (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):  (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Shoulder belt used with child safety seat (16) Lap and shoulder belt used with child safety seat	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown
19.	(15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used  Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat  Belt Used Improperly (3) Shoulder belt worn under arm	(0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown  Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts  24. Police Reported Restraint Use
	<ul> <li>(4) Shoulder belt worn behind back or seat</li> <li>(5) Belt worn around more than one person</li> <li>(6) Lap belt worn on abdomen</li> <li>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):</li> <li>(8) Other improper use of manual belt system (specify):</li> <li>(9) Unknown</li> </ul>	(0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify):  (8) Restrained, type unknown (9) Police indicated "unknown"
20.	Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	
	(9) Unknown	

Natio	onal Accident Sampling System-Crashworthiness Date	a System: Occupant Assessment Form	Page 4
	HEAD RESTRAINT AN	D SEAT EVALUATION	
25.	Head Restraint Type/Damage by Occupant at This Occupant Position  (0) No head restraints  (1) Integral—no damage  (2) Integral—damaged during accident  (3) Adjustable—no damage  (4) Adjustable—damaged during accident  (5) Add-on—no damage  (6) Add-on—damaged during accident  (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" fa (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intr (specify):	
26.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported)	(7) Combination of above (specify):  (8) Other (specify):  (9) Unknown	
	(09) Other seat type (specify):  (10) Box mounted seat (i.e., van type) (99) Unknown		

	CHIL	D SAFET	TY SEAT	
28.	Child Safety Seat Make/Model (000) No child safety seat		1. Child Safety Seat Harness Usage	0
	Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):		2. Child Safety Seat Shield Usage	0
	(998) Unknown make/model	33.	3. Child Safety Seat Tether Usage	0
	(999) Unknown if child safety seat used		Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat	
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat	$\frac{\partial}{\partial x}$	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used	
	(2) Toddler seat (3) Convertible seat		<ul><li>(02) After market harness/shield/tether used</li><li>(03) Child safety seat used, but no after mar</li></ul>	ket
	(4) Booster seat (7) Other type child safety seat (specify):		harness/shield/tether added (09) Unknown if harness/shield/tether added or used	
	<ul><li>(8) Unknown child safety seat type</li><li>(9) Unknown if child safety seat used</li></ul>		Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used	
30.	Child Safety Seat Orientation (00) No child safety seat	$\frac{\partial}{\partial x}$	(19) Unknown if harness/shield/tether used  Unknown If Designed With Harness/Shield/Te (21) Harness/shield/tether not used	ther
	Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing		(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used	
	(08) Other orientation (specify):		(99) Unknown if child safety seat used	
	(09) Unknown orientation			
	Designed For Forward Facing for This Age/Wei (11) Rear facing	ight		
	<ul><li>(12) Forward facing</li><li>(18) Other orientation (specify):</li></ul>			
	(19) Unknown orientation			
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing			
	(28) Other orientation (specify):  (29) Unknown orientation			
	(99) Unknown if child safety seat used			

	INJURY CONSEQUENCES	A	Cy .
24	Injury Severity (Police Rating)	38. Working Days Lost Code the number of days	
34.	injury Seventy (Police Rating)	(up through 60) that the occupant	
	(0) O - No injury	lost from work due to the accident	
	(1) C - Possible injury	(00) No working days lost (61) 61 days or more	
	(2) B - Nonincapacitating injury	(62) Fatally injured	
	(3) A - Incapacitating injury	(97) Not working prior to accident	
	(4) K - Killed (5) U - Injury, severity unknown	(99) Unknown	
	(6) Died prior to accident		
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7	,
	A)		
35	Treatment - Mortality	VARIABLES 39 THROUGH 43 ARE	
55.	(0) No treatment	COMPLETED BY THE ZONE CENTER	
	(1) Fatal		
	(2) Fatal - ruled disease (specify):	39. Time to Death	0
		Code number of hours from time of	
	Nonfatal	accident to time of death up through 24	
	(3) Hospitalization	hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day =	
	(4) Transported and released	31, 2 days = $32$ , n days = $30 + n$ up	
	(5) Treatment at scene - nontransported	through 30 days $= 60$ )	
	(6) Treatment later (8) Treatment - other (specify):	(00) Not fatal	
	(o) Troubline Strict (opposity)	(96) Fatal - ruled disease (99) Unknown	
	(9) Unknown	(55) Challowit	
		(0	<u>~</u>
36.	Type Of Medical Facility (for Initial Treatment)	40. 1st Medically Reported Cause of Death	$\cup$
	(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death	Ó
	(1) Trauma center		
	(2) Hospital (3) Medical clinic		<u>O</u>
	(4) Physician's office	Code the Occupant Injury from line	
	(5) Treatment later at medical facility	number(s) for the medically reported injury(s) which reportedly contributed to	
	(8) Other (specify):	this occupant's death	
	(9) Unknown	(00) Not fatal or no additional causes	
	(3) Olikilowii	(96) Mode of death given but specific	
	7	injuries are not linked to cause of death. (specify):	
37.	Hospital Stay	5. 333 (op00)/.	
	(00) Not Hospitalized Code the number of days (up through 60)	(97) Other result (includes fatal ruled	
	that the occupant stayed in hospital.	disease) (specify):	
	(61) 61 days or more	(99) Unknown	
	(99) Unknown	(00) CHRIOWII	
		43. Number of Recorded Injuries for This Occupant	)
		Code the actual number of	
		injuries recorded for this occupant.	
		(00) No recorded injuries	
		(97) Injured, details unknown	
		(99) Unknown if injured	

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES [ ]

**UPDATE CANDIDATE?** 

NO[] YES [X]

STOP - VARIABLES 50 THROUGH 53 ARE	BELT USE DETERMINATION
TRAUMA DATA  50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  (97) Injured, details unknown (99) Unknown if injured	53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given	
52. Arterial Blood Gases (ABG) – HCO <sub>3</sub> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO <sub>3</sub> (96) ABGs reported, HCO <sub>3</sub> unknown (97) Injured, details unknown (99) Unknown if injured	



Administration

U.S. Department of Transportation
National Highway Traffic Safety

**OCCUPANT INJURY FORM** 

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

3. Vehicle Number

02

2. Case Number - Stratum

073C

4. Occupant Number

0/

## **INJURY DATA**

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

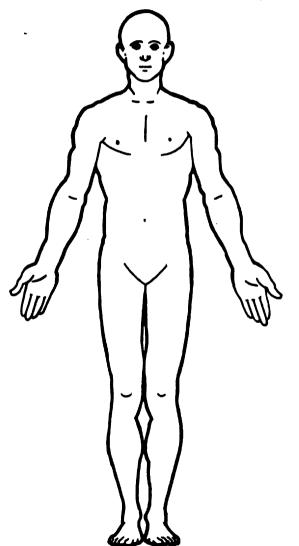
-		6			A.I.S	90		-		Injury		Occupant
		Source of Injury	Body	Type o		Level of	A.I.S.		Injury	Source Confidence		
		Data	Region	Structu	re Structure	Injury	Severity	Aspect	Source	Level	Injury	Number
da	st Sst	5. <u>~</u>	6. <u>4</u>	7. <u>5</u>	8. <u>()</u>	9. <u>() 4</u>	10. <u>2</u>	11. <u>4</u>	12. <u>(</u>	13. <u>3</u>	14/	15. <u>Ø</u> ②
head	2nd	16. <u>7</u>	17. <u>4</u>	18. <u>9</u>	19. <u>0</u> <u>4</u>	20. <u>0</u> 2	21/	22	23. <u>O</u> <u>(</u>	24. <u>3</u>	25/_	26. <u>උ</u> ට
	3rd	27	28	29	30	31	32	33	34	35	36	37
	4th	38	39	40	41	42	43	44	45	46	47	48
	5th	49	50	51	52	53	54	55	56	57	58	59
	6th	60	61	62	63	64	65	66	67	68	69	70
	7th	71	72	73	74	75	76	77	78	79	80	81
	8th	82	83	84	85	86	87	88	89	90	91	92
	9th	93	94	95	96	97	98	99	100	101	102 1	03
	10th	104 1	05 1	06	107	108	109	110	111	112	113 1	14
L												

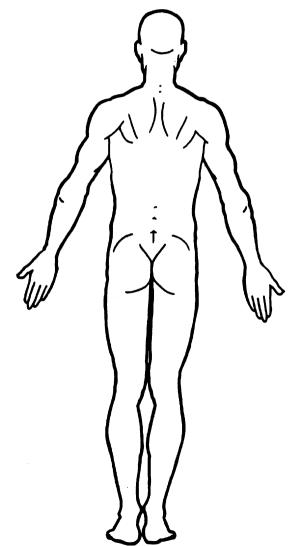
•				OCC	UPANT (	INJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th		_									
12th				<del></del>				<del></del> ,		_	<del></del>
13th						<u></u>					
14th					<del></del>				-		
15th				<del></del>	<del></del>			-			<del></del>
16th											
17th				******			_				
18th					<del></del>						
19th							_			——	·
20th		_					<del></del>	-		-	·
21st			_				-	<del></del>	<del></del>		
22nd								<del></del>	. ·		
23rd	<del></del>		——					<del></del> .	1		· · · · · · · · · · · · · · · · · · ·
24th							. <u> </u>	·			
25th							<del>-</del>		) — '		·

ER: NO LOSS OF CONSCIOUSNESS

ER: PT STATES SUDDEN DECELERATION

HIT WINDSHIELD I STEERING WHEEL





## SOURCE OF INJURY DATA

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- Private physician, walk-in or emergency clinic

#### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

#### **INJURY SOURCE**

#### **FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- Steering wheel (combination of codes 04 and 05)
- Steering column, transmission
- selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- Left instrument panel and below
- Center instrument panel and below (10)
- Right instrument panel and below (11)
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- Other front object (specify): (19)

## LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

- (30) Right side interior surface. excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

#### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- Belt restraint B-pillar or door frame (42)attachment point
- (43)Other restraint system component (specify):
- (44) Head restraint system
- Air bag (use codes "16" and "17" for injuries (45)sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

#### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail Roof right side rail
- (54)Roof or convertible top

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- Foot controls including parking brake

#### REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

#### **EXTERIOR of OCCUPANT'S VEHICLE**

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67)Other exterior surface or tires (specify):\_
- (68) Unknown exterior objects

#### **EXTERIOR OF OTHER MOTOR VEHICLE**

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82)Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

#### OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

#### NONCONTACT INJURY

- (90) Fire in vehicle (91) Flying glass
- (92) Other noncontact injury source (specify): (93) Air bag exhaust gases
- (97) Injured, unknown source

#### INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2)Probable Possible (3)
- Unknown

#### DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury (7)Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

#### **Body Region**

- Head
- Face (3) Neck
- (4)Thorax
- Abdomen Spine
- Upper Extremity
- Lower Extremity
- Unspecified
- Type of Anatomic Structure Whole Area
- Vessels Nerves
- Organs (includes muscles/
- ligaments) Skeletal (includes joints)
- Head LOC
- Skin

(3)

## Specific Anatomic Structure

- Whole Area (02) Skin Abrasion
- (04) Skin Contusion (06) Skin - Laceration
- (08) Skin - Avulsion Amputation
- (20) Burn
- (30) Crush
- Degloving (50)
- Injury NFS Trauma, other than mechanical

- Head LOC (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

- (02) Cervical
- Thoracic
- Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

#### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

#### Abbreviated Injury Scale

- Minor injury
- (2)Moderate injury Serious injury (3)
- Severe injury (4)
- Critical injury (5) Maximum (untreatable)
- (7) Injured, unknown severity

## Aspect

- Right
- Bilateral
- (4)Central Anterior
- (6)Posterior
- (7)Superior Inferior
- (9) Unknown Whole region

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

Glasgow Coma Scale Score

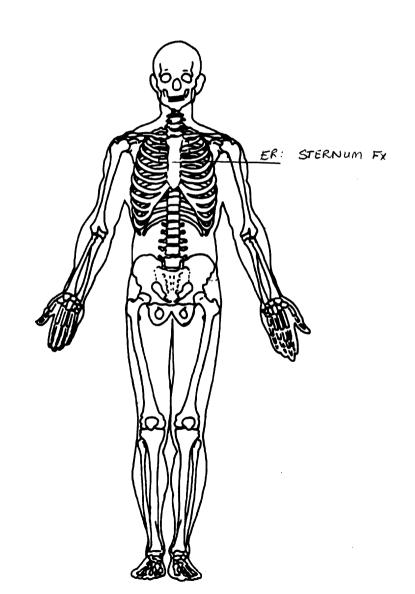
GCSS

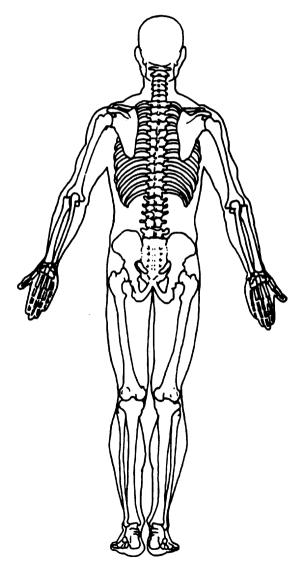
Units of Blood Given

Units =

Arterial Blood Gases

NOT RECORDED

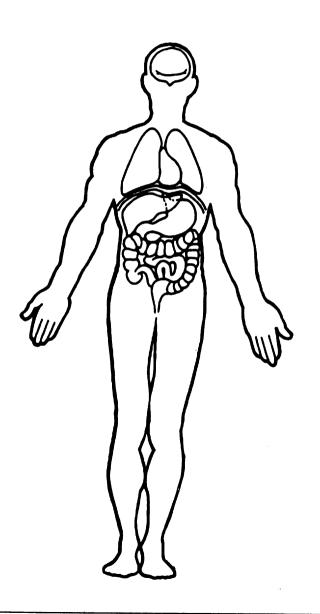


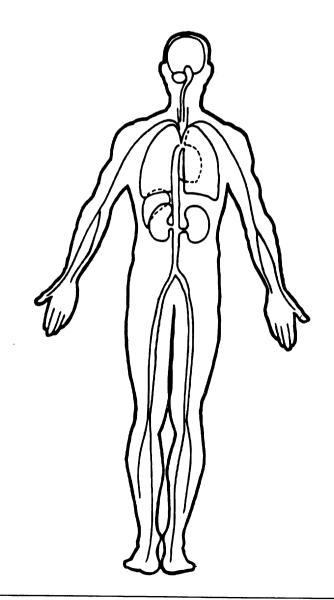


Page

# OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation

National Highway Traffic Safety Administration

# **UPDATE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

	COMSTITUTES DATA SYSTEM
1. Primary Sampling Unit Number 63	Driver or Occupant Name:
2. Case Number — Stratum O 13 C	Address:
3. Vehicle Number 0 2	
4. Occupant Number	Other Information:
	·
	(Sanitize this section prior to Update submission.)
STATUS OF LOG IN.	JURY INFORMATION
OALO8. Date Official Medical Data  Requested  OALO9. Date Official Medical Data  Obtained	OAL18. Medical Facility Code  GV12. Alcohol Test Results For Driver  GV39. Other Drug Specimen Test Type For Driver
OAL16. Injury Treatment Status	
OAL17. Injury Information	
Official a. Autopsy (invasive examination)  b. Post-ER medical record which includes information about death based on non-invasive examination  c. Admission record/summary or admission/discharge face sheet  d. Discharge summary  e. Operative report  f. Radiographic record(s) (X-ray, CT scan)  g. History and physical examination and/or consultation records  h. Emergency room records (includes nurses' notes)  j. Private physician  Unofficial  k. Lay coroner  B	5
n. Other source (specify):  B B B O B B B B B B B B B B B B B B B	
o. Folice report	



U.S. Department of Transportation

# **OCCUPANT ASSESSMENT FORM**

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Netional Highway Traffic Safety Administration

1. Primary Sampling Unit Number 0 3	OCCUPANT'S SEATING
	10. Occupant's Seat Position / 3
2. Case Number - Stratum	Front Seat (11) Left side
3. Vehicle Number $\frac{O}{2}$	(12) Middle
4. Occupant Number	(13) Right side (14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):  (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 67 inches X 2.54 = 170 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  170 pounds X .4536 = 077 kilograms  9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture  Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJEC1	TION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown		16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (5) Integral structure (8) Other medium (specify):	5	

	RESTRAINT SYST	EM EVALUATION
	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):
	Integral Belt Partially Destroyed  (6) Shoulder belt (lap belt destroyed/removed)  (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
	(8) Other belt (specify):	22. Air Bag System Deployment
	(9) Unknown	<ul><li>(0) Not equipped/not available</li><li>(1) Air bag deployed during accident (as a result of impact)</li></ul>
	Manual (Active) Belt System Use (00) None used, not available, or belt	(2) Air bag deployed inadvertently just prior to accident
	removed/destroyed (01) Inoperative (specify):	(3) Air bag deployed, accident sequence undetermined
	(02) Shoulder belt	(4) Nondeployed (5) Unknown if deployed
	(03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	<ul> <li>(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</li> <li>(9) Unknown</li> </ul>
	(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat	
	(14) Lap and shoulder belt used with child safety seat	23. Are There Indications of Air Bag System Failure?
	(15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat	(0) Not equipped/not available (1) No
	(specify):(99) Unknown if belt used	(2) Yes (specify):
4.0	0	(9) Unknown
	Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
	Belt Used Improperly (3) Shoulder belt worn under arm	24. Police Reported Restraint Use
	(4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person	(0) None used (1) Police did not indicate restraint use
	(6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used	(2) Shoulder belt (3) Lap belt
	improperly with child safety seat (specify):	<ul><li>(4) Lap and shoulder belt</li><li>(5) Belt used, type not specified</li></ul>
	(8) Other improper use of manual belt system (specify):	<ul><li>(6) Child safety seat</li><li>(7) Other or automatic restraint (specify):</li></ul>
	(9) Unknown	(8) Restrained, type unknown
	Manual (Active) Belt Failure Modes	(9) Police indicated "unknown"
	During Accident (0) No manual belt used (1) No manual belt failure(s)	
	(2) Torn webbing (stretched webbing not included)	
	(3) Broken buckle or latchplate (4) Upper anchorage separated	
	(5) Other anchorage separated (specify):	
	(6) Broken retractor (7) Combination of above (specify):	
	(8) Other manual belt failure (specify):	
	(9) Unknown	

	HEAD RESTRAINT AN	D SEAT EVALUATION
25.	Head Restraint Type/Damage by Occupant at This Occupant Position  (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):  (7) Combination of above (specify):
	Seat Type (this Occupant Position)  (00) Occupant not seated or no seat  (01) Bucket  (02) Bucket with folding back  (03) Bench  (04) Bench with separate back cushions  (05) Bench with folding back(s)  (06) Split bench with separate back cushions  (07) Split bench with folding back(s)  (08) Pedestal (i.e., column supported)  (09) Other seat type (specify):  (10) Box mounted seat (i.e., van type)  (99) Unknown	(8) Other (specify): (9) Unknown

	CHILD SA	FETY SEAT
28.	Child Safety Seat Make/Model	31. Child Safety Seat Harness Usage
	(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	32. Child Safety Seat Shield Usage
	(998) Unknown make/model	33. Child Safety Seat Tether Usage
	(999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29.	Type of Child Safety Seat  (0) No child safety seat  (1) Infant seat  (2) Toddler seat  (3) Convertible seat  (4) Booster seat  (7) Other type child safety seat (specify):	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used
	(8) Unknown child safety seat type (9) Unknown if child safety seat used	Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30.	Child Safety Seat Orientation (00) No child safety seat	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used
	Designed for Rear Facing for This Age/Weight (01) Rear facing	(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used
	<ul><li>(02) Forward facing</li><li>(08) Other orientation (specify):</li></ul>	(99) Unknown if child safety seat used
	(09) Unknown orientation	
	Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation  Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight	
	(21) Rear facing (22) Forward facing	
	(28) Other orientation (specify):	
	(29) Unknown orientation	
	(99) Unknown if child safety seat used	

	INJURY CONSEQUENCES		
34. In	ijury Severity (Police Rating)	38. Working Days Lost  Code the number of days  (up through 60) that the occupant	0 0
(1 (2 (3 (4 (5 (6	O) O - No injury O) C - Possible injury O) B - Nonincapacitating injury O) A - Incapacitating injury O) K - Killed O) U - Injury, severity unknown O) Died prior to accident	lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
(9	1) Unknown	STOP - GO TO VARIABLE 44 ON PAC	}E 7
(0	reatment - Mortality  ) No treatment ) Fatal	VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER	
(2	) Fatal - ruled disease (specify):	39. Time to Death  Code number of hours from time of accident to time of death up through 24	<u> </u>
(3 (4 (5 (6 (8	onfatal ) Hospitalization ) Transported and released ) Treatment at scene - nontransported ) Treatment later ) Treatment - other (specify):	hours. If time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 da 31, 2 days = 32, n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	y =
(0)	pe Of Medical Facility (for Initial Treatment) 6 Not treated at a medical facility	40. 1st Medically Reported Cause of Death 41. 2nd Medically Reported Cause of Death	00
(2) (3) (4) (5) (8)	Trauma center Hospital Medical clinic Physician's office Treatment later at medical facility Other (specify):	42. 3rd Medically Reported Cause of DeathCode the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific	00
(0) tha (6)	ospital Stay  O) Not Hospitalized  Code the number of days (up through 60) at the occupant stayed in hospital.  1) 61 days or more  9) Unknown	injuries are not linked to cause of death. (specify):  (97) Other result (includes fatal ruled disease) (specify):  (99) Unknown	
		43. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	<u>O</u> )_

	AUTOMATIC BELT SYSTEM		48. Automatic (Passive) Belt Failure Modes
	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown  Non-functional		During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
	<ul><li>(4) Automatic belts destroyed or rendered inoperative</li><li>(9) Unknown</li></ul>		<ul> <li>(6) Broken retractor</li> <li>(7) Combination of above (specify):</li> <li>(8) Other automatic belt failure (specify):</li> <li>(9) Unknown</li> </ul>
	Automatic (Passive) Belt System Use  (0) Not equipped/not available/destroyed or rendered inoperative  (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  (3) Automatic belt use unknown (9) Unknown		49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	_	Check the Primary Source Used In Determining Belt Use.
,	Proper Use of Automatic (Passive) Belt System  (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat  Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown		[ ] Not equipped/not available/destroyed or rendered inoperative [ ] Vehicle inspection [ ] Official injury data [ ] Driver/occupant interview [ ] Other (specify): [ ] Unknown if belt used
	ARE ALL APPLICABLE MEDICAL RECO	ORD	DS INCLUDED NO MY YES [ ]
	UPDATE CANDIDATE?	,	NO [X] YES [ ]

STOP - VARIABLES 50 THROUGH 53 ARE	BELT USE DETERMINATION
TRAUMA DATA  50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given	
52. Arterial Blood Gases (ABG) – HCO <sub>3</sub> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO <sub>3</sub> (96) ABGs reported, HCO <sub>3</sub> unknown (97) Injured, details unknown (99) Unknown if injured	



1

U.S. Department of Transportation National Highway Traffic Safety

**OCCUPANT INJURY FORM** 

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

3. Vehicle Number

02

2. Case Number - Stratum

073C

4. Occupant Number

02

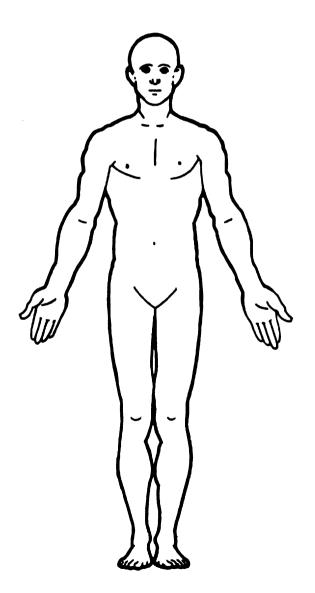
## **INJURY DATA**

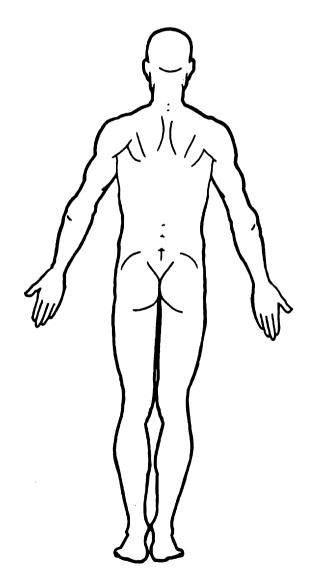
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

			A.I.S 90						Injury		Occupant
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusio Numbe
lbow i	<b>5</b> . <u>7</u>	6. <u>7</u>	7. <u>9</u>	8. <u>0 4</u>	9. <u>/</u> <u>2</u>	10. <u>/</u>	11/	12. / /	13. <u>2</u>	14. <u>/</u>	15. <u>00</u>
2nd	16	17	18 1	9	20	21	22.	23,	24	25	26
3rd	27 2	28	29 3	0	31	32	33	34	35 3	36;	37
4th	38 \$	39	40 4	1	42	43	44	45.	46 4	17	48
5th	49	50	51 5	2	53	<b>54.</b>	55	56	57	58!	59
6th	60 6	31	62 6	3	64	65	66. <u> </u>	67	68. <u> </u>	59	70
7th	71 7	72	73 7	4	75	76	77	78.	79 8	30	81.
8th	82 8	33	84 8	5	86	87	88	89	90 \$	)1,	92.
9th	93 \$	94	95 9	6	97	98	99	100	10110	)21(	o3
10th 1	04 10	D5 1	06. 10	7. 1	08	109.	110.	111	112. 11	3 1	14

;	OCCUPANT INJURY DATA										
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th									<u>-</u>		
12th											
13th						) 이 등 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
14th									<u> </u>		
15th									<u> </u>		
16th								<del></del>	<del></del>		<del></del>
17th									-		
18th							<del></del>		<del></del>		<del></del>
19th								<u></u>	_	<del></del>	<del></del>
20th											
21st							-				
22nd									<del>-</del>	<del></del>	
23rd							<del></del>		-	—	
24th						<u></u> -			_	—	
25th		<del></del>						·	_		

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## **SOURCE OF INJURY DATA**

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- Private physician, walk-in or emergency clinic

#### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- Other source (specify):
- (9) Police

## **INJURY SOURCE**

#### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission
- selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- Passenger side air bag compartment cover
- Windshield reinforced by exterior object (18)(specify):
- (19) Other front object (specify):

#### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

#### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34)Other right pillar (specify):
- Right side window glass or frame
- Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

#### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45)Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46)Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

## ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

#### **FLOOR**

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

#### REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

#### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

#### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- Windshield, roof rail, A-pillar (75)
- (76) Side surface
- (77)Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

#### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

## NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92)Other noncontact injury source (specify):
- (93) Air bag exhaust gases (97) Injured, unknown source

#### **INJURY SOURCE CONFIDENCE LEVEL**

- (1) Certain
- Probable (2)
- (3) Possible Unknown

## **DIRECT/INDIRECT INJURY**

- Direct contact injury
- Indirect contact injury
- Noncontact injury Injured, unknown source

#### OCCUPANT INJURY CLASSIFICATION

#### **Body Region**

- Head
- (2) Face Neck
- (4) Thorax
- (5) Abdomen
- Spine **Upper Extremity**
- (8) Lower Extremity Unspecified

#### Type of Anatomic Structure

- Whole Area
- Vessels
- (3) Nerves
- (4) Organs (includes muscles/ ligaments)
- (5) Skeletal (includes joints) Head - LOC
- (9)

## Specific Anatomic Structure

- Whole Area (02) Skin Abrasion (04) Skin Contusion
- Skin Laceration (08) Skin - Avulsion
- (10)Amputation
- Burn (20)
- iso Crush
- (40)Degloving
- Injury NFS (90) Trauma, other than mechanical
- Head LOC (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- Level of Injury

(06) Lumbar

Cervical

Thoracic

(04)

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

#### Abbreviated Injury Scale

- Minor injury
- (2) Moderate injury
- (3) Serious injury
- Severe injury Critical injury (5)
- (6) Maximum (untreatable) (7) Injured, unknown severity

#### Aspect

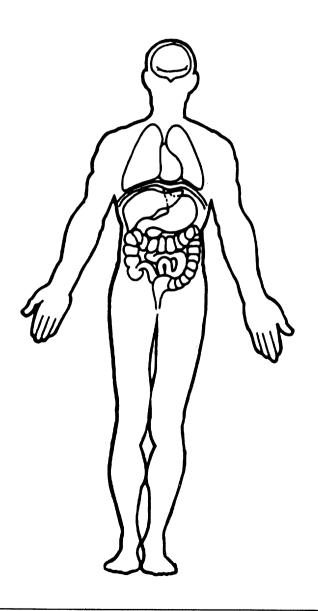
- Right
- (2) Left
- Bilateral
- (4) (5) Central Anterior
- (6) Posterior
- (7) (8) Superior Inferior
- Unknown
- Whole region

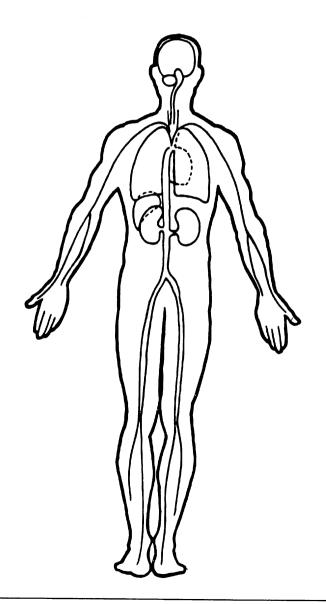
Page

# OFFICIAL INJURY DATA — SKELETAL INJURIES Restrained? Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.) Blood Alcohol Level (mg/dl) BAL = \_\_\_\_ Glasgow Coma Scale Score GCSS = Units of Blood Given Units = Arterial Blood Gases HCO<sub>3</sub>

# OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## U.S. Department of Transportation

# **OCCUPANT ASSESSMENT FORM**

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number 0 3	OCCUPANT'S SEATING
2. Case Number - Stratum 0 7 3 C	10. Occupant's Seat Position  Front Seat
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number <u>0</u> 3	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify): (15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month):  (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 66 inches X 2.54 = centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown  175 pounds X .4536 = 079 kilograms  9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture  Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT								
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	8	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown						
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	6	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown						
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):  (5) Integral structure (8) Other medium (specify):  (9) Unknown								

	RESTRAINT SYSTEM EVALUATION									
17.	Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag  Non-functional (2) Air bag disconnected (specify):								
	<ul><li>Integral Belt Partially Destroyed</li><li>(6) Shoulder belt (lap belt destroyed/removed)</li><li>(7) Lap belt (shoulder belt destroyed/removed)</li></ul>	(3) Air bag not reinstalled (9) Unknown								
	(8) Other belt (specify): (9) Unknown	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact)								
18.	Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt	<ul> <li>(2) Air bag deployed inadvertently just prior to accident</li> <li>(3) Air bag deployed, accident sequence undetermined</li> <li>(4) Nondeployed</li> <li>(5) Unknown if deployed</li> </ul>								
	(03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat	(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  (9) Unknown								
	(13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify):  (9) Unknown								
19.	Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts								
	<ul> <li>Belt Used Improperly</li> <li>(3) Shoulder belt worn under arm</li> <li>(4) Shoulder belt worn behind back or seat</li> <li>(5) Belt worn around more than one person</li> <li>(6) Lap belt worn on abdomen</li> <li>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):</li> <li>(8) Other improper use of manual belt system</li> </ul>	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified								
	(specify):	(6) Child safety seat (7) Other or automatic restraint (specify):								
20.	Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	(8) Restrained, type unknown (9) Police indicated "unknown"								
	(9) Unknown									

	HEAD RESTRAINT A	ND SEAT EVALUATION
at T (0) (1) (2) (3) (4) (5) (6) (8) (9)	d Restraint Type/Damage by Occupant his Occupant Position No head restraints Integral—no damage Integral—damaged during accident Adjustable—no damage Adjustable—damaged during accident Add-on—no damage Add-on—damaged during accident Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):  (7) Combination of above (specify):
(00) (01) (02) (03) (04) (05) (06) (07) (08) (09)	Type (this Occupant Position) Occupant not seated or no seat Bucket Bucket with folding back Bench Bench with separate back cushions Bench with folding back(s) Split bench with separate back cushions Split bench with folding back(s) Pedestal (i.e., column supported) Other seat type (specify):  Box mounted seat (i.e., van type) Unknown	(9) Unknown

	CH	HLD SAF	ETY	SEAT	
28.	Child Safety Seat Make/Model (000) No child safety seat	0 0	31.	Child Safety Seat Harness Usage	00
	Applicable codes are found in your NASS (Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	CDS	32.	Child Safety Seat Shield Usage	00
	(998) Unknown make/model			Child Safety Seat Tether Usage	0
	(999) Unknown if child safety seat used	`		Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat	
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat			Not Designed With Harness/Shield/Teth (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether (03) Child safety seat used, but no after harness/shield/tether added	· · used
	<ul> <li>(7) Other type child safety seat (specify):</li> <li>(8) Unknown child safety seat type</li> <li>(9) Unknown if a hild safety seat type</li> </ul>			(09) Unknown if harness/shield/tether added or used	
	(9) Unknown if child safety seat used	s (i		Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether (	used
30.	Child Safety Seat Orientation (00) No child safety seat	00		Unknown If Designed With Harness/Shi (21) Harness/shield/tether not used	
	Designed for Rear Facing for This Age/Wei (01) Rear facing (02) Forward facing	ght		(22) Harness/shield/tether used (29) Unknown if harness/shield/tether (	used
	(08) Other orientation (specify):  (09) Unknown orientation			(99) Unknown if child safety seat used	
	Designed For Forward Facing for This Age/ (11) Rear facing (12) Forward facing (18) Other orientation (specify):	/Weight			
	(19) Unknown orientation				
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):				
	(29) Unknown orientation				
	(99) Unknown if child safety seat used				

	INJURY CONSEQUENCES	38. Working Days Lost
34	Injury Severity (Police Rating)	Code the number of days
54.	might y Sevency (1 once reading)	(up through 60) that the occupant lost from work due to the accident
	(0) O - No injury	(00) No working days lost
	<ul><li>(1) C - Possible injury</li><li>(2) B - Nonincapacitating injury</li></ul>	(61) 61 days or more
	(3) A - Incapacitating injury	(62) Fatally injured (97) Not working prior to accident
	(4) K - Killed	(99) Unknown
	<ul><li>(5) U - Injury, severity unknown</li><li>(6) Died prior to accident</li></ul>	
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
35	Treatment - Mortality	VARIABLES 39 THROUGH 43 ARE
55.	(0) No treatment	COMPLETED BY THE ZONE CENTER
	(1) Fatal	
	(2) Fatal - ruled disease (specify):	39. Time to Death
		Code number of hours from time of accident to time of death up through 24
	Nonfatal	hours. If time of death is greater than 24
	(3) Hospitalization (4) Transported and released	hours, code number of days. (Note: 1 day =
	(5) Treatment at scene - nontransported	31, 2 days = 32, n days = 30 +n up through 30 days = 60)
	(6) Treatment later	(00) Not fatal
	(8) Treatment - other (specify):	(96) Fatal - ruled disease
	(9) Unknown	(99) Unknown
	!	0.0
36	Type Of Medical Facility (for Initial Treatment)	40. 1st Medically Reported Cause of Death $U$
00.	(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death 0 0
	(1) Trauma center	
	(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line
	(4) Physician's office	number(s) for the medically reported
	(5) Treatment later at medical facility	injury(s) which reportedly contributed to
	(8) Other (specify):	this occupant's death (00) Not fatal or no additional causes
	(9) Unknown	(96) Mode of death given but specific
		injuries are not linked to cause
37.	Hospital Stay	of death. (specify):
	(00) Not Hospitalized	(97) Other result (includes fatal ruled
	Code the number of days (up through 60)	disease) (specify):
	that the occupant stayed in hospital. (61) 61 days or more	(99) Unknown
	(99) Unknown	(99) Olikhowii
		40 N 1 60 1 1 1 1 1 1
		43. Number of Recorded Injuries for This Occupant
		Code the actual number of
		injuries recorded for this occupant.
		(00) No recorded injuries (97) Injured, details unknown
		(99) Unknown if injured
		_

	AUTOMATIC BELT SYSTEM	48.	. Automatic (Passive) Belt Failure Modes			
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown  Non-functional (4) Automatic belts destroyed or rendered inoperative		During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):			
45	(9) Unknown  Automotic (Bossiva) Bolt System Use		(9) Unknown			
45.	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  (3) Automatic belt use unknown (9) Unknown	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown			
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown					
	O		Check the Primary Source Used In Determining Belt Use.			
47.	Proper Use of Automatic (Passive)  Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat		<ul> <li>Not equipped/not available/destroyed or rendered inoperative</li> <li>Vehicle inspection</li> <li>Official injury data</li> <li>Driver/occupant interview</li> <li>Other (specify):</li> </ul>			
	<ul> <li>Automatic Belt Used Improperly</li> <li>(3) Automatic shoulder belt worn under arm</li> <li>(4) Automatic shoulder belt worn behind back</li> <li>(5) Automatic belt worn around more than one person</li> <li>(6) Lap portion of automatic belt worn on abdomen</li> <li>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):</li> </ul>		[ ] Unknown if belt used			
	(8) Other improper use of automatic belt system (specify):(9) Unknown					
ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED NO [1/27 YES [ ] WITH INITIAL SUBMISSION?						
UPDATE CANDIDATE? NO [ ] YES ₺ </th						

STOP - VARIABLES 50 THROUGH 53 ARE	BELT USE DETERMINATION	
COMPLETED BY THE ZONE CENTER	53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative	
TRAUMA DATA  50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	<ul> <li>(1) Vehicle inspection</li> <li>(2) Official injury data</li> <li>(3) Driver/occupant interview</li> <li>(8) Other (specify):</li> <li>(9) Unknown if belt used</li> </ul>	_
51. Was the Occupant Given Blood?  (1) No - blood not given  (2) Yes - blood given  (specify units):  (9) Unknown if blood given		
52. Arterial Blood Gases (ABG) – HCO <sub>3</sub> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO <sub>3</sub> (96) ABGs reported , HCO <sub>3</sub> unknown (97) Injured, details unknown (99) Unknown if injured		



Administration

U.S. Department of Transportation
National Highway Traffic Safety

**OCCUPANT INJURY FORM** 

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

 $\frac{03}{3}$ 

3. Vehicle Number

03

2. Case Number - Stratum

073C

4. Occupant Number

### **INJURY DATA**

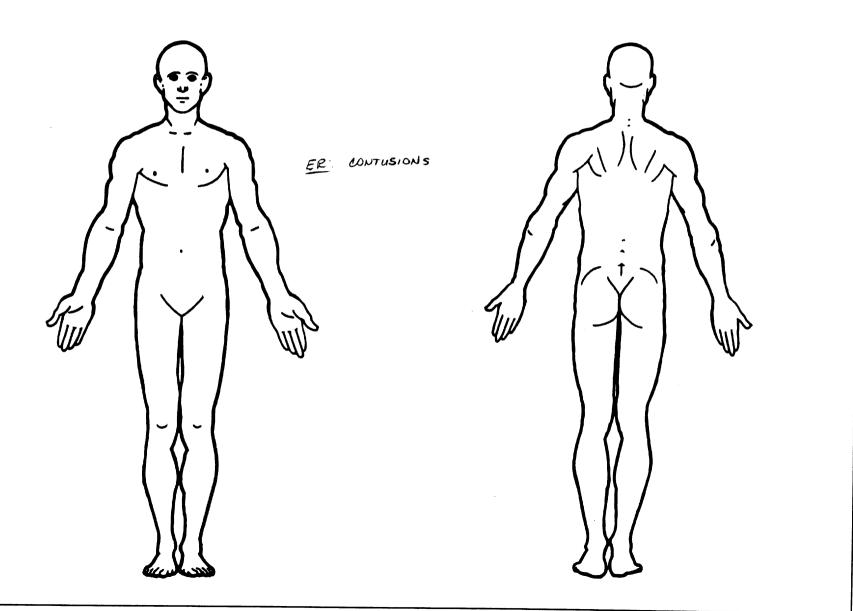
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

l				A.I.S	90		_		Injury	Occupa
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Area Indirect Intrusio Injury Numbe
1st		6. <u>9</u>	7. 2	8. <u>04</u>	9. <u>00</u>	10. <u>/</u>	11. <u>Q</u>	12. <u>9</u> 7	<b>13</b> . <u>9</u> 1	4. 7 15. 12
2nd	16.3	177	18. <u>9</u> 19	9. <u>04</u>	20. <u>0</u> <u>2</u>	21/	22/	23. <u>40</u>	24 2	25. / 26. /
3rd	27	28 :	29 30	o	31	32	33	34	35 3	37
4th	38	39	404	1	42	43	44	45	46 4	48. <u> </u>
5th	49	50	51 5	2	53	54	55	56	57 5	58 59
6th	60	61	52       63	3	64	65	66	67	68 6	9 70
7th	71	72	73 74	4	75	76	77	78	79 8	8081
8th	82	83 8	34. <u> </u>	5	86	87	88	89	90 9	92
9th	93	94 \$	95 96	5 <u></u>	97	98	99	100	101 10	2 103
10th 1	104 1	05 10	06 107	7 1	108	109	110	111	112 11	3 114

				occ	UPANT I	NJURY	DATA				
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	_	_			<del></del>	<del></del>					
12th	_						_				
13th				<del></del>		_			<u>.</u>		
14th			_		<del></del>		<del></del>		, <del>, , , , , , , , , , , , , , , , , , </del>	<del></del>	<del>11-1</del> 7-
15th	_							<del></del>			
16th	· · · · · · · · · · · · · · · · · · ·		·	· — —	————						
17th	_		_			<del></del>					
18th	· .										
19th	· · · · · · · · · · · · · · · · · · ·										
20th						· · · · · · · · · · · · · · · · · · ·					
21st			<del></del>								
22nd	-	· ·									
23rd		ing Santapan P									
24th	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (										
25th		<del></del> -									

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



#### **SOURCE OF INJURY DATA OFFICIAL**

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

#### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- Other source (specify):
- (9) Police

#### **INJURY SOURCE**

#### **FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- Steering column, transmission (07)
- selector lever, other attachment (08) Add on equipment (e.g., CB, tape
- deck, air conditioner)
- Left instrument panel and below
- Center instrument panel and below
- (11) Right instrument panel and below (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- Other front object (specify): (19)

#### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

#### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

#### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46)Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

#### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail (53)Roof right side rail
- (54)Roof or convertible top

#### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

#### REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

#### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

#### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

#### OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92)Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

#### **INJURY SOURCE CONFIDENCE LEVEL**

- (1) Certain (2) Probable
- (3) Possible
- (9) Unknown

#### DIRECT/INDIRECT INJURY

- Direct contact injury
- (2) Indirect contact injury Noncontact injury
- (7)Injured, unknown source

#### OCCUPANT INJURY CLASSIFICATION

#### **Body Region**

- Head (2)
- Face Neck
- (4) Thorax
- (5) Abdomen
- **Upper Extremity**
- Lower Extremity Unspecified
- Type of Anatomic Structure Whole Area
- Vessels
- (3) Nerves
- Organs (includes muscles/ (4) ligaments)
- Skeletal (includes joints)
- Head LOC
- Skin

#### Specific Anatomic Structure

- Whole Area (02) Skin Abrasion (04) Skin Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10)Amputation
- (20)Burn (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90)Trauma, other than mechanical

- Head LOC (02) Length of LOC (04, 06, 08) Level of Consciousness

- (02)
- Cervical Thoracic (04)
- (06) Lumbar

# Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

#### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

#### Abbreviated Injury Scale

- Minor injury
- (2) (3) Moderate injury Serious injury
- (4) Severe injury
- (5)Critical injury (6) Maximum (untreatable)
- Injured, unknown severity (7)

#### Aspect

- Right
- (2)Left
- Bilateral (4) Central
- (5) Anterior
- (6) Posterior (7) Superior
- (8) Inferior 191 Unknown
- (0) Whole region

### OFFICIAL INJURY DATA - SKELETAL INJURIES

Restrained? No Yes

Blood Alcohol Level (mg/dl)

BAL =

NOT RECORDED

Glasgow Coma Scale Score A 40x3 GCSS = 15

Unite of Blood Giver

Units\=

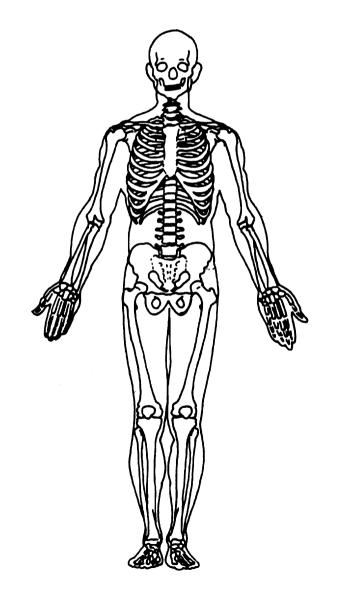
Arterial Blood Gases

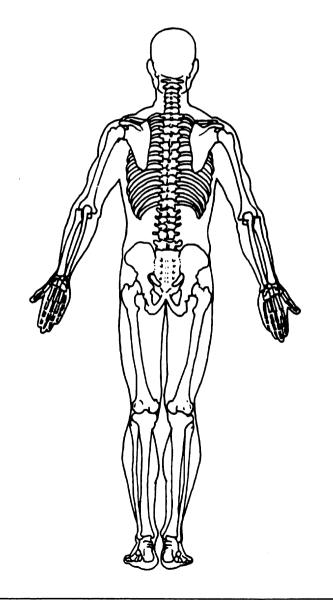
pH =

PO,=

NOT RECORDED

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

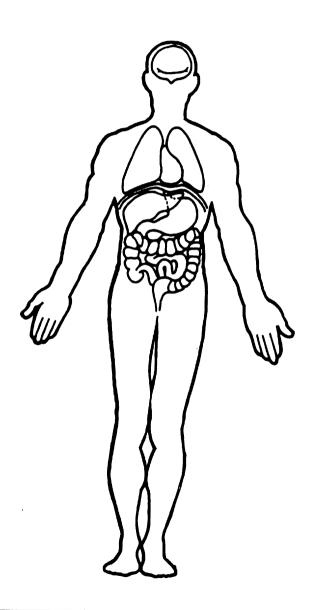


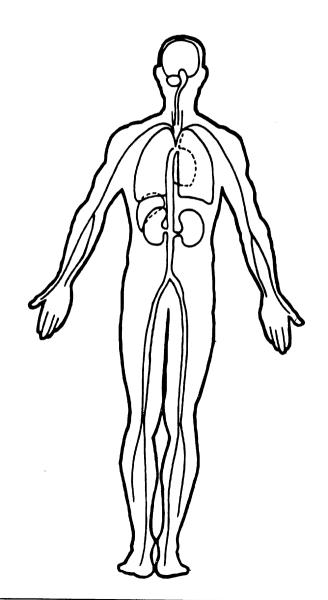


Page

# OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation

National Highway Traffic Safety Administration

### **UPDATE FORM**

NATIONAL ACCIDENT SAMPLING SYSTEM

uninstration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number  2. Case Number — Stratum  3. Vehicle Number  4. Occupant Number	Driver or Occupant Name:  Address:  Other Information:
	(Sanitize this section prior to Update submission.)
STATUS OF LOG IN.	JURY INFORMATION
OALO8. Date Official Medical Data  Requested  OALO9. Date Official Medical Data  Obtained  OAL16. Injury Treatment Status	OAL18. Medical Facility Code  GV12. Alcohol Test Results For Driver  GV39. Other Drug Specimen Test Type For Driver
OAL 17 Injury Information	
OAL17. Injury Information  Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary or admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) (X-ray, CT scan) g. History and physical examination and/or consultation records h. Emergency room records (includes B	



		_			
U.S. Department of Transp National Highway Traffic Sa		C PROGR.	AM SUMI ts In Metric)		NT SAMPLING SYSTE
Administration	,				HINESS DATA SYSTEM
Identifying Title	2 1 2 C	0			9 11
05	0/5		2	a Clarence of the State of the	7 4
Primary Sampling Unit	Case NoStratum		lent Event ence No.	Date (Month, day, year	) of Run
CRASHPC Vehicle I	dentification				
Vehicle 1	1994	4)		n 35	1
Vehicle 2	1977	20		002	
	Year	Make		Model	NASS
	GEN	FRAI INFO	DRMATION	1	Veh. No.
	VEHICLE I			VEHICLE 2	
Size III No	VERNOEE	1	C:	104/77 99	7
144 100			Size	1-14.7	
Weight V	4 1 1 11 4		Weight	20 7 0	11.7
$\frac{1093}{\text{Curb}} + \frac{65}{\text{Occupant(s)}} +$	$\frac{OOO}{Cargo} = \frac{1}{1} \frac{G}{G} \frac{O}{O}$	kg	1886 + Occur	$\frac{1}{1000} + \frac{100}{1000} = \frac{2}{1000} = \frac{1}{1000}$	kg
CDC	03 LZEU	) H	CDC	pant(s) Cargo	7 = 11) 3
PDOF (-180 to +18		<u></u>			770
		<u> </u>	PDOF (-180 t	0 + 180) – _	<u> </u>
Stiffness			Stiffness		<u>5</u>
	SCI	ENE INFOR	RMATION		
Rest and Impact Pos	sitions [🔀 No. <i>Go To Da</i>	amage Inform	ation [ ] Y	'es	
	VEHICLE 1			VEHICLE 2	
				VEITIGEE Z	
Rest Position	Χ	m	Rest Position	Χ	m
	Υ	m	1 03111011	Υ	m
	PSI	О		PSI	o
<u>I</u> mpact	Х .	m	<u>I</u> mpact	X	<b></b>
Position	Y		Position		m
	PSI	m 。		Υ	· m
Clin Angle/ 100 to			O	PSI _	o
Slip Angle(-180 to -			Slip Angle (-1	80 to +180)	<sup>0</sup>
	V	EHICLE M	OTION		
Sustained Contact	No [ ] Yes				
	VEHICLE 1			VEHICLE 2	
Vehicle Rotation	IN/I NIS. I	1.7	V-L-I- B		
			Vehicle Rotati	78	AAA - AAAA AAAA AAAA AAAA AAAA AAAA AA
Rotation Stop Be	efore Rest [ No [	] Yes	Rotation S	Stop Before Rest [X]	No []Yes
End of Rotation Position	Χ .	m	End of Ro	tation X	. m
Position	Υ .	m	End of Ro Position	Υ	
	PSI	···		PSI	<b> m</b>
o				<del>-</del>	
Curved Path	[ ] No [	] Yes	Curved Path		No [ ] Yes
Point on Path X	m V	<b>F</b> A	Point on F		
^	m Y	m	х	m Y	m

Rotation Direction [ ] None [ ] CW [ ] CCW

Rotation  $>360^{\circ}$  [ ] No [ ] Yes

Rotation Direction [ ] None [ ] CW [ ] CCW

Rotation >360° [ ] No [ ] Yes

FRICTION	INFORMATION	TRAJECTO	RY INFORMATION
Coefficient of Friction	n	Trajectory Data	
Rolling Resistance Op		If No, Go To Damage	
		Vohicle 1 Steer Anal	
Vehicle 1 Rolling	Resistance	Vehicle 1 Steer Angl	
LF	RF	IR	° RF ° ° °
1	RR		nn
		Vehicle 2 Steer Angl	es
Vehicle 2 Rolling	Resistance	_	° RF °
LF	RF	LR	° RR _ °
LR	RR		
		Terrain Boundary	∕]No []Yes
		First Point	
		X m	n Y m
		Second Point	
		X m	Y m
			t of Friction
	DAMAGE II	NFORMATION	
V	EHICLE 1	V	EHICLE 2
Damage Length	L = 3 + 0 cm	Damage Length	L <u>/ 7 9</u> cm
Crush Depths	C, <u>O</u> <u>O</u> <u>O</u> cm	Crush Depths	C <sub>1</sub> 000 cm
	$C_2 = 003$ cm		$C_2  \underline{O}  \underline{O}  \underline{S}  cm$
	$C_3  \underline{6}  \underline{2}  \underline{0}  cm$		$C_3  O  I  O  cm$
	$C_4 = 0 = 3 + cm$		C <sub>4</sub> 0 / 8 cm
	$C_6 = \frac{O}{1} = \frac{1}{4}$ cm		С <sub>6</sub> <u>0 30</u> cm
	$C_6 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ cm		$C_6 = 0 = 4 = 7$ cm
Damage Offset	D = 1 23 cm	Damage Offset	D D 49, cm
			,
IF THIS COMMON IM	PACT WAS WITH A MOTOR VEHICL	F NOT IN TRANSPORT FILL	IN THE INCORMATION DELOW
		E NOT IN THANSFORT, FILL	IN THE INFORMATION BELOW.
			e Data and Damage Information
		for this vehicle should b	pe recorded above.
VIIV.			
Complete or	ad ATTACH the annual state of the	la dans e e e	
Complete at	nd ATTACH the appropriate vehic	ie damage sketch and dim	ensions to the Form.

CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT INFUT SUMMARY OF CRASHPC RESULTS USING DAMAGE CRASHS RECONSTRUCTION SPEED CHANGE (DAMAGE) VEHICLE #1 TOTAL 28 KPH ( 17 MPH) LONGITUDINAL Z KPH ( 4 MPH) L.ATITUDINAL 27 KPH ( 17 MPH) PDOF ANGLE -105 DEGREES ENERGY DISSIPATED = 24148 JOULES ( 17808 FT-LB) VEHICLE #2 TOTAL 15 KPH ( 10 MPH) LONGITUDINAL -15 KPH ( -9 MPH) -5 KPH ( -3 MPH) LATITUDINAL PDOF ANGLE 20 DEGREES ENERGY DISSIPATED = 45081 JOULES ( 33246 FT-LB) PRESS ANY KEY TO CONTINUE INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT DAMAGE DATA VEHICLE #1 VEHICLE #2 SIZE CATEGORY 1 5 STIFFNESS CATEGORY VEHICLE WEIGHT 1148 KGS ( 2531 LBS) 2042 KGS ( 4502 LBS) CDC 08LZEW4 01FZEW2 PDOF ANGLE -105 DEGREES 20 DEGREES CRUSH LENGTH 340 CM. ( 134 IN.) 179 CM. ( 70 IN.) C1O CM. ( O IN.) O CM. ( 0 IN.) 3 CM. ( 1 IN.) 20 CM. ( 8 IN.) 02 5 CM. ( 2 IN.) CS 10 CM. ( 36 CM. ( 14 IN.) 7 IN.) 18 CM. ( C5 14 CM. ( 6 IN.) 30 CM. ( 12 IN.) 06 O CM. ( O IN.) 47 CM. ( 19 IN.) I.) -123 CM. ( -48 IN.) 49 CM. ( 19 IN.)  $\mathbb{D}^{\mathfrak{p}}$ -100 CM. ( -39 IN.) 87 CM. ( (\* INDICATES DEFAULT VALUE)

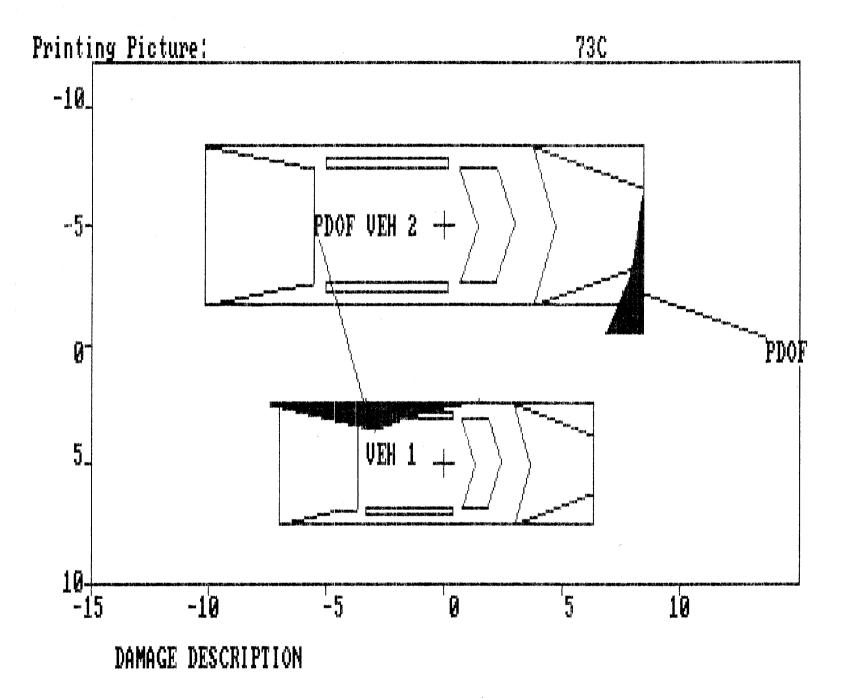
PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTF'UT	GRAPHICS	EXIT

# DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
	115 CM. (45 IN.)	142 CM. ( 56 IN.)
CG TO REAR AXLE	122 CM. ( 48 IN.)	160 CM. ( 63 IN.)
TRACK	130 CM. ( 51 IN.)	162 CM. ( 64 IN.)
CG TO FRONT OF VEH	193 CM. ( 76 IN.)	259 CM. ( 102 IN.)
CG TO REAR OF VEH	-213 CM. ( -84 IN.)	-310 CM. (-122 IN.)
CG TO SIDE OF VEH	77 CM. ( 30 IN.)	101 CM. ( 40 IN.)
MOMENT OF INERTIA	5988 KGS ( 13201 LBS)	21450 KGS ( 47288 LBS)
VEHICLE MASS	3 KGS ( 7 LBS)	5 KGS ( 12 LBS)

PRESS ANY KEY TO CONTINUE



```
008908000022680
03073C00010012 947.041000000000101L0205F
03073C00020012 947.04100000000101F63000
03073C00030012255947.041000000000101F45000
03073C000400126333947.0410000000000101T45000
03073C00050012 347.041000000000101L71000
                  7.04 000000000944103504JM1BG2246R0
03073001000021
100000000001802251028+007+0270241411
                  7.04 000000000010101070701070707
03073001000022
03073001000031
                  7.04 00000000010208LZEW04034512FREW01 0000003020036014000-
123152000000000000010007+04501250000104020101001000
03073001000041
                  7.04 000000000631310000002606008000000001202000012020000
03073001000042
                  7.04 000000000110743211043111033999999
             1
                        1009009080
03073001010051
                  7.04 000000005921681131119000003999900043016000000000000410
00620104000012112111011019
03073001010161
                  7.04 000000000142021054201103
03073001010261
                  7.04 000000000144145043201103
03073001010361
                  7.04 000000000154422222201103
03073001010461
                  7.04 000000000145026653201103
03073001010561
                  7.04 000000000165041627231101
03073001010661
                  7.04 000000000165041627231101
03073001010761
                  7.04 000000000165041627231101
03073001010861
                  7.04 000000000165041627231101
03073001010961
                  7.04 000000000149040210201103
03073001011061
                  7.04 000000000159040210201103
03073001011161
                  7.04 000000000189040212201103
03073001011261
                  7.04 000000000189040211092100
03073002000021
                  7.04 0000000007720002041L69U7J241589
                                                        19990960480373103031
890000000002251801015-015-0050451410
03073002000022
                  7.04 00000000000000000000000000112204000000016022
03073002000031
                  7.04 000000000010101FZEW02
                                                      179000005010018030047+
049
                          01295000101010101001000
03073002000041
                  7.04 000000000111100000020000080100000001000000010000000
03073002000042
                  7.04 000000000
                        0000500180
03073002010051
                  7.04 0000000028117010411100000040000000303100000000000132
07990000000002000001021011
                  7.04 000000000345080424063100
03073002010161
03073002010261
                  7.04 000000000749040214063100
03073002020051
                  7.04 0000000028117007721300000040000000303500000000000000000
00000000000001000001011011
03073002020161
                  7.04 000000000779040211112100
                  7.04 0000000066116807922200000030000000003100000000000141
03073002030051
00970000000002000001151011
03073002030161
                  7.04 000000000399040010979700
03073002030261
                  7.04 000000000379040211401100
```

00000000000002

#### INTRA ERRORS

GG2301 2 If ACCIDENT TYPE GV15 equals 68, 72, 76 or 82, then PRE-EVENT

GG2302 MOVEMENT GV64 should equal 10 or 99.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

#### INTRA ERRORS

HH0071 2 Given OCCUPANT AGE DA05 and OCCUPANT SEX DA06, OCCUPANT WEIGHT HH0072 DA08 is questionable. See Table A2.

#### INTER ERRORS

AHOO11 2 If POLICE SEVERITY OA34 equals 4, then CASE ACO2(4) should equal AHOO12 A or B. GV=01 OA=01

AH0051 2 If CASE AC02(4) equals C, D, J or K, then at least one PULICE AH0052 SEVERITY DA34 should equal 3.

PSU03

ERROR SUMMARY SCREEN

/95

CASE 073C

CURRENT VERSION: 7.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	O	1	Ý
Vehicle Exterior	O	0	0	y Y
Vehicle Interior	()	O	O	Υ
Occupant Assesment	0	0	1	Υ
Occupant Interior	O	0	O	Υ
Total Inter Errors		0	2	
Total Case Errors	0	O	4	

```
03073000000011 947.0300000000000212500000005 94 94 94 95 95 94002546000
008908000022680
03073C00010012 947.031000000000101L0205F
03073C00020012 947.031000000000101F63000
03073C00030012 947.031000000000101F45000
03073C00040012 947.031000000000101T45000
03073C000500126 3947.0310000000000101L71000
03073001000021
                   7.03 00000000944103504JM1BG2246R0 19990960489972101011
10000000001802251028+007+0270241411
03073001000022
                   03073001000031
                   7.03 00000000010208LZEW04034512FREW01340000003020036014000-
123152000000000000010007+04501250000104020101001000
03073001000041
                   7.03 000000000631310000002606008000000001202000012020000
03073001000042
                   7.03 000000000110743211043111033999999
                         1009009080
03073001010051
                   7.03 00000000592999991119000003999900043016000000000000410
00629999000097112111979971
03073002000021
                   7.03 0000000007720002041L69U7J241589
                                                         19990960480373103031
89000000002251801015-015-0050451410
03073002000022
                   7.03 0000000000000000000000000112204000000016022
03073002000031
                   7.03 000000000010101FZEW02
                                                       179000005010018030047+
049
                          01295000101010101001000
03073002000041
                   7.03 0000000000111100000020000080100000001000000010000000
03073002000042
                   7.03 000000000
                         0000500180
03073002010051
                   07990000000002000001021011
03073002010161
                   7.03 000000000345080424063100
03073002010261
                   7.03 000000000749040214063100
                   7.03 0000000028117007721300000040000000303500000000000100
03073002020051
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03073002030051
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03073002030161
                   7.03 000000000399040010979700
03073002030261
                   7.03 000000000379040211401100
00000000000002
```

GENERAL VEHICLE Vehicle: 1

11

INTRA ERRORS

68, 72, 76 or 82, then PRE-EVENT

GG2302

OGG2301 2 If ACCIDENT TYPE GV15 equals

MOVEMENT GV64 should equal 1

0 or 99.

01

INTER ERRORS

OAHOO11 2 If POLICE SEVERITY OA34 equals 4, then CASE ACO2(4) sh ould equal AH0012 A or B. GV=01 DA=01

AHOO51 2 If CASE ACO2(4) equals C, D, J or K, then at least one POLICE AH0052 SEVERITY OA34 should equal 3.

PSU03

ERROR SUMMARY SCREEN

CASE 0730

CURRENT VERSION: 7.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
A :				.,
Accident	O	0	0	Υ
General Vehicle	0	O	1	Υ
Vehicle Exterior	0	0	0	Y
Vehicle Interior	O	0	0	Υ
Occupant Assesment	0	0	0	Υ
Occupant Interior	O	0	٥	Y
Total Inter Errors		0	2	
Total Case Errors	Ö	O	3	

U.S. Department of Transportation

National Highway Traffic Safety Administration

## **SLIDE INDEX**

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary S	Sampling U	nit Number _	Case Number – Stratum <u>073</u> C
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1.3	VI	So	Vehicle # 1 approach to IHE
4-7	Vį	5/SW'	Vehicle # 1 approach to 2 rd and 3rd HE
			with Traffic control Pole.
8	VI+V2	Sw °	angle view
9012	1/2	S°,	Vehicle # 2 approach to IHE
13-15	VitV2	N/NW	look back
	<del>-                                    </del>		
16-23	VI		Vehicle HI Front hit Pole base and
1.0	V.		Parked motor vehicle.
24-39	Vı		Vehicle # 1 (1) plane IHE ) note
			intrusion to Bpillar Rescue
			Team used the Jaws of like to open
1.6 311/	\		doors on the Diside.
40 44	VI	-	note pole dropped of Roof and truck
112 72			3rd Harmful event.
45-53	VI		Vi interior front notes occupant
			contact to steering wheel Ecoded)
11171			3 transmission control arm.
5456	VI		(L) seat back and B Pillar contact.
57-63	V2		Vehicle#2 Front = IHE.
7378	V2	į.	(b) Rgar and (k) Planes
19-18	V2		Valuet 2 Front seat area note
			contact by 0, and 02 to windshield
79-86	V		Rear very mirror and (R) survisor
11 00	<b>v</b> 2		Rear seal area note contact to
07_M	11.	Missian	
HS Form 434B		Missing)	duplicates of VI problem bulletin

Slide No.	Vehicle No.	Direction ot Picture	Description of Slide Subject Matter
			cusl
, ,			
			·
<del></del>			
· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·		
•			
	L		



























































Best Available











Best Available





























PSU 03-073C (1994) #48





voilable









Best Available



Best Available





























































